BLACK RIVER FALLS AREA FOUNDATION

Electronic Funds Transfer (EFT)

MONTHLY CONTRIBUTION ELECTION
Authorization for EFT Debit

DONOR NAME _____

ADDRESS_____

_____

EFFECTIVE DATE _____

I hereby authorize Black River Falls Area Foundation to debit my checking account

Account Number_____

Bank Routing Number (ABA)_____

In the amount of $
(minimum of $20/month) _____

Each month on the (check one):
[ ] 15th day of the month
[ ] Last day of the month

As a contribution to the following Fund:

_____

I understand that this authorization will remain in effect until revoked in writing.

Donor Signature_____ Date _____

Please include a voided check with this form and mail to:

Black River Falls Area Foundation
PO Box 99, Black River Falls, WI 54615