



Recurring Gifts Auto-Debit Authorization Form

To make a contribution to VSA Wisconsin, Inc. by having funds electronically transferred from your savings or checking account, please indicate the contribution amount, date(s) to transfer and frequency:

\$ _____
 Amount

 Circle Date to Transfer (15th **or** end of month)

.. Annual
 .. Semi-Annual
 .. Quarterly
 .. Monthly

Full Name(s) on Account		
Address-Street, City, State, Zip, Telephone		
Financial Institution Name	Financial Institution Branch	Financial Institution City
Financial Institution State	Financial Institution Zip	Financial Institution Telephone
Type of Account <input type="checkbox"/> Savings <input type="checkbox"/> Checking	Account Number	Routing Number

I (we) authorize VSA Wisconsin, Inc. and the financial institution named above to initiate withdrawals from my savings/checking account. This authority will remain in full force and effect until I notify you in writing to cancel it in such time and such manner as to afford VSA Wisconsin, Inc. and the financial institution a reasonable opportunity to act on it.

X _____
 Signature(s) Date (mm/dd/yyyy)

 Printed Name(s)

<input type="checkbox"/> Please cancel Auto-Debit	
X _____ Signature(s)	_____ Date (mm/dd/yyyy)
_____ Printed Name(s)	

Please keep a copy for your records. VSA Wisconsin use only: Date received _____ Date canceled _____

You will receive a tax receipt for your cumulative annual contributions at the end of each fiscal year. You will also receive our quarterly newsletter, which provides updates about our programs across Wisconsin.