



## 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 <b>Name</b>	Financial Institution <b>Branch</b>	Financial Institution <b>City</b>
Financial Institution <b>State</b>	Financial Institution <b>Zip</b>	Financial Institution <b>Telephone</b>
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.