

MONTHLY GIVING PROGRAM AUTHORIZATION FORM

We are pleased to offer you a new payment convenience for your personal donation via our Regis Catholic Schools Foundation Monthly Giving Program! Now you can have your donation automatically withdrawn from your checking or savings account!

Our Monthly Giving Program (direct debit) will help you in many ways.

- It will save your time of having to write a check.
- It will save money by eliminating envelopes and stamps.
- It will eliminate the possibility of lost, stolen, or forged checks.
- The money is withdrawn on the date you agree upon.

Here is how the Monthly Giving Program (direct debit) works:

On the date you choose to donate, we will electronically withdraw the agreed upon amount from your bank account. The amount of the debit will appear on your bank statement with a brief description.

We believe you will like the added convenience of having your donation automatically withdrawn for you. Monthly Giving Program is safe, convenient, and easy. To take advantage of this service, complete the authorization section below, sign, and return it to: **Regis Catholic Schools Foundation**, **2728 Mall Drive, Ste 200, Eau Claire, WI 54701**

The authorization section of the form provided below, gives the Regis Catholic Schools Foundation and your financial institution authority to debit your donation from your bank account. In order to take advantage of the Monthly Giving Program, simply complete the authorization below.

All you need to do is:

- 1. Mark the box before type of account to indicate whether your donation will be withdrawn from your checking or savings account.
- 2. Fill in your name, financial institution name and location, and date.
- 3. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number.
- 4. Return the completed form by mail to the address above or return it in-person to the Regis Catholic Schools Central Office. **Please do not send your completed form via email.**

AUTHORIZATION FORM

I authorize you and the financial institution listed below to initiate electronic debit entries, and if necessary, credit entries and adjustment for any debit entries in error to my:
Checking Account
Savings Account

On the _____ day of each month, beginning on _____. This authorization cannot be revoked without written request and approved by the Company.

Signature

Financial Institution

Name (Please Print)

Branch

City

Account Number at Financial Institution

Date

Transit Routing Number

Account Number Information