



**ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

In accordance with the terms and conditions below, I, \_\_\_\_\_, do hereby authorize a transfer of \$ \_\_\_\_\_ on the *(circle one)* 1<sup>st</sup>/15<sup>th</sup> of each month/quarter/semi-annual to the MATC Foundation to be placed in the \_\_\_\_\_ Fund.

<b>COMPANY</b> Milwaukee Area Technical College Foundation, Inc.	<b>COMPANY FEDERAL IDENTIFICATION NUMBER</b> 39-1341603
I (we) hereby authorize Milwaukee Area Technical College Foundation, Inc., hereinafter called COMPANY, to initiate debit entries to my (our) Checking account (voided check attached) and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.	
<b>DEPOSITORY NAME (Donor's banking institution)</b>	<b>TRANSIT / ROUTING NUMBER</b>
<b>CITY, STATE, ZIP</b>	<b>ACCOUNT NUMBER</b>
This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it, or until the end date specified below, whichever occurs first. I (or either of us) have the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of the account statement or 45 days after posting, whichever occurs first.	
<b>DATE</b>	<b>ACCOUNT OWNER'S SOCIAL SECURITY NUMBER</b>
<b>NAME (PLEASE PRINT)</b>	<b>NAME (PLEASE PRINT)</b>
<b>SIGNATURE</b>	<b>SIGNATURE</b>

**Please include a voided check with this form.**

\_\_\_ I authorize this withdrawal to be continuous, with no predetermined end date.

\_\_\_ I wish to renew this commitment annually (fill in term below).

Term of agreement. Start Date: \_\_\_\_\_ to End Date: \_\_\_\_\_

I understand and will abide by the terms set forth in this authorization agreement. (If a joint account, both account holders must sign)

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Christine M. McGee, MATC Foundation Executive Director

\_\_\_\_\_  
(Date)