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**MONTHLY CONTRIBUTION ELECTION  
Authorization for EFT Debit**

**DONOR NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

**EFFECTIVE DATE** \_\_\_\_\_

**I hereby authorize Madison Community 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):**

- 15<sup>th</sup> 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:*

**Madison Community Foundation  
111 N. Fairchild Street, Suite 260  
Madison, WI 53703**