



2 Science Court
P.O. Box 5010
Madison, WI 53705-0010

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www.madisoncommunityfoundation.org

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 _____

Please include a voided check with this form

In the amount of \$ _____

Each month on the (check one):

15th day of the month

Last day of the month

As a contribution to the following Fund:

Verona Public Library

I understand that this authorization will remain in effect until revoked in writing.

Donor Signature

DATE _____