

Wake Forest University

Office of University Advancement
Authorization Agreement for Direct Donations
Automated Clearing House (ACH) Debits

I (we) support Wake Forest University by making the following commitment.

Name(s): _____

(Please print neatly throughout.)

Relationship(s): Alumni Parent Friend Donor

Class Year(s): _____

I (we) authorize Wake Forest University to initiate debit entries to my (our) account at the depository financial institution named below and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

Depository Name: _____ Branch: _____

Checking Account / Savings Account

City: _____ State: _____ Zip: _____

Routing Number: _____

(The first nine digits on the bottom of your bank check.)

Account Number: _____

(The digits following the routing number.)

This authorization is to remain in full force between _____ and _____ .

The donation structure will be as follows:

- Single donation of \$ _____
 Equal recurring monthly donations of \$ _____

I (we) designate this gift to the following: _____

_____ .

Wake Forest University requires written notification from me (us) to change the terms of this agreement.
(Please sign and make a photocopy for your records.)

Signature(s): _____ Date: _____

_____ Date: _____

Please mail completed form to:

Office of Annual Support

P.O. Box 7227

Winston-Salem, NC 27109