

DONATION AUTHORIZATION AGREEMENT **ELECTRONIC FUNDS TRANSFER (EFT)**

Today's date:	/		
Type of authorization:	□ New authorization	☐ Change donation amo	
	☐ Change banking informat	tion □ Discontinue electroni	c donations
Last name(s)	First name(s)		
Address		City	State Zip
Primary phone		Email address	
Monthly donation: Start my monthly donations on this day of the month: \Box 1st or \Box 15th			
Please debit this donation	on from (check one)	Pouting number	
□ Savings account		Routing number:	
☐ Checking account		Account number:	
I would like to support:		Justice □ Community Respite & Resiliency \$	
□ Wisdom Fund (highest funding priority) \$		□ Helping Hands \$ □ Hispanic Ministry \$	
Prayer		☐ Luke House \$	
☐ Care for the Sisters \$		□ MOSES \$	
		□ SARTHI \$	
☐ Oblates \$ ☐ Sojourner Experience \$		☐ The River \$ ☐ Vera Court \$	
		Uvera Court \$	
		Care for the Earth	
□ Sunday Assembly \$		☐ Care for the Earth \$	
Hospitality		☐ Greg Armstrong Internship Pr	
☐ Healthy Hospitality \$		☐ Friends of Wisdom Prairie	0
Other/Specific Fund:		 □ Lifetime (\$1,200) □ Family (\$40) □ Individual (\$30) □ Student (\$15) 	
Total amount of monthly donation: \$			
I authorize the Benedictine Life Foundation of Wisconsin, Inc. to debit entries to my account. I understand that this authority will remain in effect until I provide written notification to terminate the authorization.			
Authorized signature: Date:			