



Wesley Foundation

A United Methodist Campus Ministry at Purdue Since 1917

ACH AUTHORIZATION FORM

Please complete all required fields and instructions (*)

For Office Use Only	Envelope/Donor#	Date:
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*Effective Date of Authorization: ___/___/___

*Type of Authorization: ___ New Authorization ___ Change Donation Amount ___ Change Donation Date

 ___ Change Banking Info ___ Discontinue Electronic Donation

*Last Name	*First Name
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*Address

*City	*State	*Zip
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*Email Address

<p>*DATE OF FIRST DONATION: (Date that you would like to begin planned giving)</p> <p>___/___/___</p> <p><small>*Please fill in the specific date you wish to begin your regular scheduled contributions to correspond with chosen schedule in the Frequency field (next box).</small></p>	<p>*FREQUENCY OF DONATION: (Check one below)</p> <p><input type="checkbox"/> 2x per month Semi-Monthly- 1st & 15th</p> <p><input type="checkbox"/> 1x per month Monthly on the 1st</p> <p><input type="checkbox"/> Monthly on the 15th</p> <p><small>*Transactions will occur on the same day every month as chosen above.</small></p>	<p>*FUNDS: (check all that apply)</p> <p><input type="checkbox"/> General/Operating</p> <p><input type="checkbox"/> Building</p> <p><input type="checkbox"/> Endowment</p> <p><input type="checkbox"/> Other (describe below)</p>	<p>*AMOUNTS: (Fill in amount to be contributed & total)</p> <p>General/Operating \$ _____</p> <p>Building \$ _____</p> <p>Endowment \$ _____</p> <p>Other (describe below) \$ _____</p>
		<p>*Total Contribution per Donation \$ _____</p>	

Checking/Savings	<p>*Please debit my donation from my (check one):</p> <p><input type="checkbox"/> Savings Account (contact your institution for routing #)</p> <p><input type="checkbox"/> Checking Account (attach/scan a voided check)</p> <p><small>*If contributing via Checking Acct., include a voided check (or a scanned copy of a voided check if emailing) and complete the Acct. information in the next box. If choosing to contribute via savings account, please fill in the Routing and account fields in the next box.</small></p>	<p>*Account Information (complete both fields below)</p> <p>Routing Number: _____</p> <p>Valid Routing # must start with 0,1,2,or 3</p> <p>Acct Number: _____</p> <p><small>*Please include a voided check if checking account is chosen as designated account.</small></p>
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***I authorize the above organization to process debit entries to my account.**

I understand that this authority will remain in effect until I provide reasonable notification (10days), in writing, to terminate the authorization.

*Authorized Signature: _____ Date: _____

*Please send the completed, signed form along with a voided check to: **Wesley Foundation, PO BOX 2396, West Lafayette, IN 47996** or scan and email to: WesleyGiving@gmail.com. All information provided will be strictly confidential and only shared with Purdue Federal Credit Union for the purpose of completing the transactions agreed above. A confirmation for the first transaction only will be sent via email for your review. Your contribution is tax deductible and a year end statement will be sent to you for your records. You may cancel anytime by notifying us in writing a min. of 10 days prior to next scheduled transaction. *Thank you for your support!*