Wartburg College

Automatic Payments Donor Authorization Form

An automated giving program for alumni and friends of Wartburg College

PLEASE TYPE OR PRINT IN BLACK INK.

Authorization type: ☐ new authorization ☐ change in gift amount ☐ change in account

Last Name _____ First Name _____ MI _____

Mailing Address _____ City _____ State _____ Zip _____

Please make my contribution directly from: ☐ **Automatic Bank Withdrawal** ☐ **Payments by Credit Card**

I hereby authorize Wartburg College to initiate automatic payments from my bank or credit card, payable to Wartburg College as follows:

Bank Information

Please enclose a voided check or a check for the first payment which will be used to initiate the transfer.

Financial Institution Name _____

Financial Institution Address _____

City _____ State _____ Zip _____

Credit Card Information

☐ VISA ☐ MasterCard ☐ American Express

Account Number _____ Expiration Date _____

Name as it appears on the card _____

Signature _____

Gift setup information: ☐ Monthly ☐ Quarterly ☐ Semi-Annually

Begin on: (mm/dd/yy) _____ ☐ End on (mm/dd/yy) _____

☐ Continue until further notice

Gift designation: ☐ Annual Fund $_____ ☐ Other $_____

I/We prefer to have the gift receipt letter sent: ☐ Monthly ☐ End of calendar year ☐ End of fiscal year (May 31st)

☐ Both calendar and fiscal year

This authority is to remain in full force and effect until Wartburg College has received written notification from me of its termination in such time and manner as to afford Wartburg College or named Financial Institution a reasonable opportunity to act on it.

Signature _____ Please print individual name _____

Date _____

- Please allow 4-6 weeks for monthly debits to initiate.
- For more information, call the Wartburg Development Office toll-free at 866-219-9115.
- Please send completed authorization form along with a voided check (where applicable) to Wartburg College Development Office, 100 Wartburg Blvd., P.O. Box 1003, Waverly, IA 50677-0903.