

**Wake Forest University
Office of University Advancement
Authorization Agreement for Direct Donations (ACH Debits)**

Name: _____

Relationship: Alumni Parent Friend Donor

Class Year: _____

I (we) authorize WAKE FOREST UNIVERSITY to initiate debit entries to my (our)
 Checking Account / Savings Account (select one) indicated below 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 the U.S. law.

Depository Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____

Account Number: _____

This authorization is to remain in full force and effect between the dates of _____ and _____. The
donation structure will be as follows:

Single donation of \$_____

Equal recurring monthly donations of \$_____

**(Please remember that the Deacon Club's year runs from July 1st to June 30th each
year)**

Wake Forest University requires written notification from me (us) to change the terms of this agreement.

Name(s): _____ Date: _____
(Please Print)

Signatures: _____

1. If using a checking account, attach a voided, unsigned check to the form.
2. If using a savings account, attach a voided savings account deposit slip.

**Please mail completed form to:
Shawna Potts
Gift Accounting
Wake Forest Athletics
499 Deacon Blvd.
Winston-Salem, NC 27105**

