Holy Wisdom Monastery

AUTHORIZATION AGREEMENT – DONATIONS BY ELECTRONIC FUNDS TRANSFER

Today's date:	_____/_____/_____
Type of authorization:	☐ New Authorization ☐ Change donation amount ☐ Change banking information ☐ Discontinue electronic donations
Last Name(s)	**First Name(s)**
Address	
City	**State** **Zip**
Primary phone	**Email address**
Monthly donation Please start my monthly donations on this day of the month: ☐ 1st ☐ 15th Amount of monthly donation: $_____	
Please debit this donation from my (check one): ☐ Savings Account ☐ Checking Account	**Financial Institution Routing Number:** _____ **Account Number:** _____
I would like to support this ministry at Holy Wisdom Monastery: ☐ Where Most Needed ☐ Sunday Assembly ☐ Oblates ☐ Benedictine Sojourners ☐ Friends of Wisdom Prairie	☐ Prayer ☐ Hospitality ☐ Justice ☐ Care for the Earth ☐ Other: _____
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: _____	

Mail to **Benedictine Life Foundation, 4200 County Road M, Middleton WI 53562**
Fax to **608-836-5586**
Questions? **Call 608-836-1631, x124**