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):	**Financial Institution Routing Number:** _____
☐ Savings Account ☐ Checking Account	**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**