



Authorization Agreement for Automatic Withdrawal of Funds

Your Name
Address
City, State, Zip
Email address

I would like to make the following contribution(s)

- Wesley Capital Campaign \$ _____
- Wesley Foundation Fund \$ _____
- Other _____ \$ _____

- Total \$ _____

Date of first contribution

____/____/____

Frequency of contribution (check one)

- Weekly – Mondays
- Semi-monthly – 1st and 15th
- Monthly on the 1st
- Monthly on the 15th
- Other (specify)

Please debit my (check one)

- Checking account—*attach voided check*
- Savings account—*attach voided deposit slip*

Routing No. _____ Account No. _____

I authorize The Wesley Foundation to process debit entries via Vanco Services to the above account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized signature _____ **Date** _____

Please mail or fax completed form and documentation to

Bonnie S. Taylor
 Wesley Foundation
 1203 W. Green Street
 Urbana, IL 61801

bonnie@wesleyui.org
 (217) 344-1120
 (217) 344-1830 (fax)