

Automatic Payment 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	n gift amount	Change in account	
Last Name	ast Name First Name				MI
Mailing Address	ailing Address City			State	Zip
Please make my contrib	oution directly from:	Automatic bank wi	thdrawal 🗌	Payment by credit card	
I hereby authorize War	tburg College to initiate a	utomatic payments :	from my bank or	credit card, payable to Wart	burg College as follows:
Bank Information			Credit Card Information		
	ed check or a check for the o initiate the transfer.	first payment,	UVISA	A 🖸 MasterCard 📮 Americ	can Express 📮 Discover
Financial Institution Name			Accou	nt Number	Expiration Date
Financial Institution Address			Name	as it appears on the card	CVV
City	State	Zip	Signat	ure	
Gift setup information	: 🖵 Monthly	Quarterly	🖵 Semi-annua	ılly	
Begin on: (mm/dd/yy)			m/dd/yy) Continue until further notice		
Gift designation:	Annual Fund \$		• Othe	r \$	
I/We prefer to have the gift receipt letter sent:			□ End of calendar year		
This authority is to rema	in in full force and effect u	ntil Warthurg College	has received writ	ten notification from me of its	termination in such time a

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.