

Direct Debit Authorization Form

Please print and complete this form and mail it along with a voided check to:

Gift Processing Coordinator,
Office of Development and Alumni Relations,
700 College St, Beloit WI 53511

First Name			
Previous Surname (if applicable)			
Last Name			
Class Year (if applicable)			
Street Address			
City, State, Zip			
Preferred Email Address	<input type="checkbox"/> Home	<input type="checkbox"/> Work	
Home Phone			
Business Phone			
Type of Account	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	
Name of Financial Institution			
Bank Routing Number (see graphic below)			
Account number (see graphic below)			
I authorize Beloit College to deduct the following amount from the account listed above:			
For a one-time withdrawal from your checking or savings account select the same month/year for the first and last withdrawal date.			
Please make my FIRST withdrawal:	Month:	Year:	
Please make my LAST withdrawal:	Month:	Year:	
<input type="checkbox"/> I would like this contribution to continue indefinitely.			
Please use my gift for the following designation(s):	<input type="checkbox"/> Where the need is Greatest <input type="checkbox"/> Renewing the Historic Core <input type="checkbox"/> Scholarships <input type="checkbox"/> Faculty Research & Dev. <input type="checkbox"/> Liberal Arts and Practice <input type="checkbox"/> International Education		
OR direct my gift to another fund:			
Comments:			

