

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"/> Beloit College Annual Fund <input type="checkbox"/> Other: _____ _____	
Comments:		

