TO:
St. Ambrose Academy
3 Point Place Ste 150
Madison, WI 53719

Dear Development Office:

① I authorize St. Ambrose Academy to process an automatic withdrawal (ACH / EFT) from my **checking** / **savings** account (*circle one*) on the 14th day of each month in the amount of $_____. I understand I can change my gift at any time.

☐ (if applicable) I am a current monthly donor, and this is my <u>new</u> monthly amount.

② Please use this account information* (*copy numbers carefully or attach voided check*):

Bank name: _____
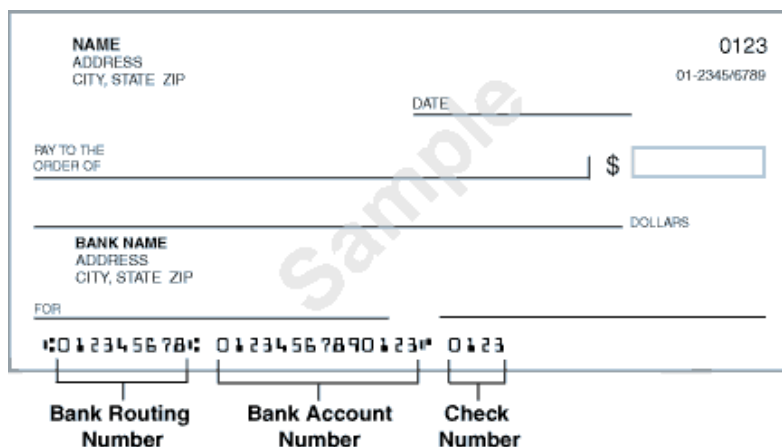
Routing number: _____

Account number: _____

    OR

☐ As a current monthly donor, please continue to use my account info already on file.

③ Please begin drawing payments in _____ (*month*) of 20_____ (*year*).

Sincerely,

Name (Print): _____

Signature: _____

* Your **bank routing** number is a nine-digit code. It's the first set of numbers printed on the bottom of your checks, on the left side.

Your **account number** (usually 10-12 digits) is specific to your personal account. It's the second set of numbers printed on the bottom of your checks, just to the right of the bank routing number.

Thank you for your support!
St. Ambrose Academy | www.ambroseacademy.org | 608.827.5863
St. Ambrose Academy is a qualified 501(c)(3) charity. Donations are tax deductible to the full extent of the law.