TO:
Saint Ambrose Academy
702 S High Point Rd Ste 209
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 2nd Tuesday 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 new monthly amount.

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

Bank name: _____

Routing number: _____

Account number: _____

OR

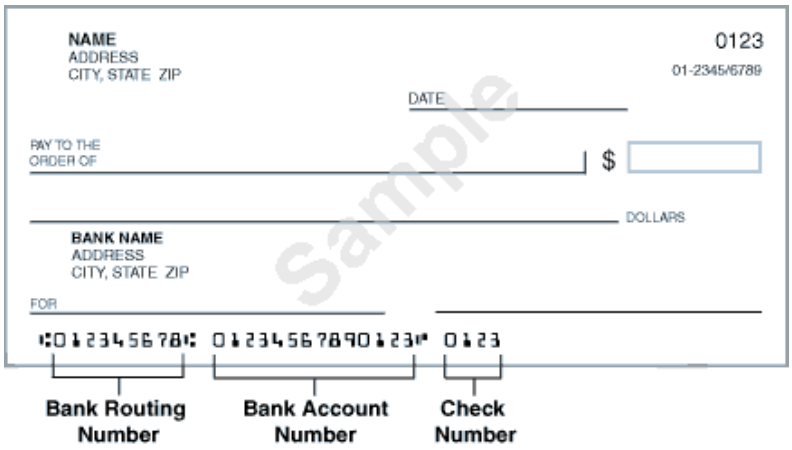
☐ As a current monthly donor, please continue to use my account info already on file.

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!