



Foundation

MADISON PUBLIC LIBRARY

Madison Public Library Foundation, Inc.

Authorization Agreement for Direct Debit Payments (ACH Transactions)

Please complete this form and email to info@mplfoundation.org or mail to Madison Public Library Foundation, 201 W. Mifflin St., Madison, WI 53703

Debit Account:

Name on Account: _____

Daytime Phone: _____ Email: _____

Bank Name: _____

Bank City/State: _____

Routing Number: _____

Account No.: _____ **Checking / Savings** (*circle one*)

Credit Account:

Madison Public Library Foundation, Inc.

Capitol Bank account

Transaction:

All Direct Debit/ACH Transactions will be processed on the business day closest to the 15th of the month.

Amount: \$ _____

Begin Month/Year: ____/____

End Month/Year (if applicable): ____/____

Monthly / Quarterly / Yearly (*circle one*)

Gift Designation: _____

Authorization (must be signed by owner of **DEBIT** account):

I (we) authorize Madison Public Library Foundation, Inc. to initiate debit entries to my (our) Checking or Savings Account indicated above at the financial institution named above. This authorization is to remain in full force and effect until the end date specified above, or until Madison Public Library Foundation, Inc. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Madison Public Library Foundation, Inc. a reasonable opportunity to act on it.

Signed: _____ Date: _____

Address: _____

City/State/ZIP: _____