



AUTHORIZATION FOR DIRECT PAYMENT

I (we) hereby authorize the University of Northern Iowa Foundation to initiate debit entries from my (our) account described below:

Select One Checking account Savings account

Account Number

ABA Routing Number

Financial Institution

Financial Institution address

New Authorization Change in gift amount Change in account

Date of Debit 1st or 15th

This authority is to remain in full force and effect until the University of Northern Iowa Foundation has received written notification from me (or either one of us) of its termination in such time and in such manner as to afford the University of Northern Iowa Foundation a reasonable opportunity to act on it

Required:

Optional – For Joint Account

Signature _____

Signature _____

Full Name _____

Full Name _____

Date _____

Date _____

- **This authorization form should be accompanied by a completed and signed Pledge/gift form**
- **For tax purposes, a summary of all electronic gifts will be provided each January.**
- **Please send completed authorization form and a voided check to:
UNI Foundation, 1223 W 22nd Street, Cedar Falls, Iowa 50614-0239**
- **Phone 319-273-7118 • Toll free 800-782-9522 • www.uni-foundation.org**