

**ACH Authorization Form  
for Donation to WUWF Public Media  
on behalf of The University of West Florida Foundation, Inc**

**DONOR INFORMATION**

Name: \_\_\_\_\_  
(please type or print your name)

I hereby authorize: WUWF Public Media on behalf of The University of West Florida Foundation, Inc.

To initiate:      debit / drafts                              credits / payments

To my:            checking account                              savings account

I understand that, if necessary, an adjusting debit or credit entry may be made to correct an error.

I also authorize the financial institution named below to credit and/or debit my account for the correcting entries. I duly certify that I am an authorized signer of said account and have the right to enter into this agreement.

**ACCOUNT INFORMATION**

NAME OF BANK: \_\_\_\_\_

CITY / STATE: \_\_\_\_\_

BANK ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

DEDUCTION AMOUNT: \_\_\_\_\_ Deductions are made on the 15th of each month.

This authority will remain in full force and effect until such time as The University of West Florida Foundation, Inc. has received written notification from me that the draft authorization has been revoked. It is further provided that written notification of termination, by either party, shall be provided in such time and manner as to afford either party reasonable opportunity to act on it.

\_\_\_\_\_  
Signature of account owner

\_\_\_\_\_  
Date

**Please attach a voided check.**

**Please mail form to: WUWF, Attn: Trish Allison, 11000 University Pkwy., Bldg. 88, Pensacola, FL 32514.  
Questions? Contact Trish Allison 850-473-7433 or 800-239-9893.**