



# Wolf River Lutheran High School

## EFT Payment Agreement Form

### For Automatic Withdrawal Authorization

**Thank you for choosing the EFT (Electronic Funds Transfer) Contribution Plan!** Here is how it works.

First, fill out the form completely and legibly. You may authorize 1 or 2 monthly withdrawals to be made directly from your checking or savings account. Your funds will be withdrawn on the 1st and/or the 15<sup>th</sup> day of the month. If any of these payments dates fall on a weekend or holiday, the withdrawal will be made on the next business day. Proof of contribution will appear as a payment on your bank statement.

#### MEMBER INFORMATION

Head of Household/Parent/Guardian Name(s): \_\_\_\_\_

Name(s) as they appear on checking/savings account: \_\_\_\_\_

Address, & City, State, Zip: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Email: \_\_\_\_\_

#### YOUR BANK INFORMATION

Bank Name: \_\_\_\_\_ City & Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

[These numbers appear at the bottom of your checks]

Choose one:  Checking or  Savings

Please attach a cancelled check for the corresponding account.

#### PAYMENT TERMS

#### Effective Date of Withdrawal:

Amount of Each Withdrawal: \$ \_\_\_\_\_

Date(s) of Withdrawal:  1st  15th  Both 1st & 15th  
(If preference not selected, the 15th date will be used)

*The amount of withdrawal should be the amount to be taken from your checking or savings account each time a transaction is processed. For example, if the amount of each withdrawal is \$50 and you check the 1st and the 15th, a total of \$100 will be taken from your account each month. All gifts to **Wolf River Lutheran High School** are tax deductible per IRS Regulation 501(c)(3). For more information, please call the school office at 715-745-2400.*

This agreement will be ongoing and continue until the Responsible Party terminates the Agreement. The Responsible Party has the right and responsibility to contact the Business Office of Wolf River Lutheran High School with changes to their bank account information. As the Responsible Party, I authorize the Wolf River Lutheran High School and the financial institution named above to initiate withdrawals from my checking/savings account listed or any subsequent account provided. I can stop payment of any entry by notifying the Wolf River Lutheran High School at least 5 business days before my account is to be charged.

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return or mail completed Agreement to: Wolf River Lutheran High School**  
**220 Zachow Street**  
**P O Box 77**  
**Cecil WI 54111-0077**