



**ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM**

**Please fill out this form and mail it, with a voided check, to:**

Iowa City Community School District Foundation  
509 South Dubuque Street  
Iowa City, IA 52240  
Phone: (319) 688-1012; Fax: (319) 688-1013

**PERSONAL INFORMATION**

Legal Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_  
Home E-mail: \_\_\_\_\_ Business E-mail: \_\_\_\_\_

**GIFT INFORMATION**

I authorize the Iowa City Community School District Foundation to deduct from my bank account:

\$ \_\_\_\_\_ per month (*Your donation will be deducted from your checking account on the 4<sup>th</sup> of each month.*)

Please designate my gift to:  **ICCSFD Foundation Excellence Fund**

**BANK INFORMATION**

Your financial institution: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Financial institution's routing number: \_\_\_\_\_  
(The nine-digit sequence of numbers appearing at the bottom of your check.)

Checking account number: \_\_\_\_\_  
**IMPORTANT: Please enclose a voided check (not a deposit slip) for account verification.**

**AUTHORIZATION**

I hereby authorize the Iowa City Community School District Foundation to initiate monthly debits, beginning on the 4<sup>th</sup> day of the following month and continuing each month thereafter. I understand that both the Iowa City Community School District Foundation and my financial institution reserve the right to terminate this agreement. This authority is to remain in effect until revoked by me in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_