



## The Newman Catholic Student Center at The University of Iowa Authorization for Direct Debit (ACH)

Return to: Newman Center, 104 East Jefferson Street, Iowa City, IA 52245 or Fax 319-337-6858.

I (We) hereby authorize the Newman Catholic Student Center of Iowa City, Iowa (hereinafter called the Newman Center) to initiate Debit entries to my (our) account(s) indicated below and the Depository financial institution named below, herein after called Depository, and to credit the same to the Newman Center account. I (we) acknowledge that the origination of electronic funds transactions to my (our) account must comply with provisions of U.S. law. This authority is to remain in full force and effect until the Newman Center has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Newman Center and Depository a reasonable opportunity to act on it. The Newman Center is a registered 501 (c) 3 not-for-profit organization. Donations are tax-deductible in accordance with IRS rules and regulations. Annual year-end giving statements for all donations of \$250 or more will be sent to donors at the last known address of record each January. Statements may also be requested by contacting the Newman Center.

### Financial Institution Information

Depository Name: \_\_\_\_\_  
(Name of Bank)

Branch: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip (optional): \_\_\_\_\_

Routing/Transit # (9 digits) \_\_\_\_\_

Account Number: \_\_\_\_\_  Checking  Savings

### Gift Designation

**Checking/Savings Automated Contributions: Each month, please debit my account on the on**

1<sup>st</sup> or  15<sup>th</sup> of the month beginning \_\_\_\_\_ and apply my gift as follows\*:

\$ \_\_\_\_\_ Annual Fund \_\_\_\_\_

\$ \_\_\_\_\_ Offertory

\$ \_\_\_\_\_ Fellowship of Catholic University Students (FOCUS) Program

\$ \_\_\_\_\_ Outreach and Education Endowment

\$ \_\_\_\_\_ Endowment for Fellowships and Scholarships

\$ \_\_\_\_\_ Music Ministries & Newman Singer Stipends

\$ \_\_\_\_\_ Rossi Center for Faith & Culture Endowment

\$ \_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

\$ \_\_\_\_\_ TOTAL DONATION

Apply this to my annual Founders Club Commitment

\*Please note that if you authorize contributions to more than one fund, the Newman Center and/or Newman Singers may, at its discretion, process the gifts individually. Your bank statement may show separate charges on the same date.

### Recognition Information

For gift recognition purposes, please list my/our name as follows:

\_\_\_\_\_

I/we would like to designate this  in memory of,  in honor,  in celebration of:

\_\_\_\_\_

### Authorized By

Print Name: \_\_\_\_\_ Email: \_\_\_\_\_  
(include both names on joint account)

Address: \_\_\_\_\_  
(as filed with your financial institution)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(include both names on joint account)

**ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP**