



**Authorization Agreement for Electronic Funds Transfer (EFT Debits)**

**Wheaton Christian Grammar School**

I (we) hereby authorize **Wheaton Christian Grammar School**, hereinafter called **WCGS**, to initiate debit entries on the 15<sup>th</sup> of the month to my (our) account indicated below at the depository financial institution named below, hereinafter called Bank.

Bank Name \_\_\_\_\_

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

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

Amount to be deducted \$ \_\_\_\_\_ Beginning Date \_\_\_\_\_

Donation should be applied to:

Scholarship Fund \_\_\_\_\_ Capital Campaign \_\_\_\_\_ Kaleidoscope Endowment \_\_\_\_\_

Said Bank will debit the same amount to such account each month as a donation to WCGS.

This authorization is to remain in full force and in effect until WCGS has received written notification from me (or either of us) of its termination by the first of the month in which such termination is to take effect.

Name(s) \_\_\_\_\_  
(Please Print)

Date \_\_\_\_\_ Signed \_\_\_\_\_

Signed \_\_\_\_\_

Print, complete, sign, and email to [jdegroot@wheatonchristian.org](mailto:jdegroot@wheatonchristian.org)  
or mail to: WCGS  
Attn: Joanne DeGroot  
1N350 Taylor Dr.  
Winfield, IL 60190

(Please attach copy of voided check)