

**Electronic Fund Transfer Authorization Form**  
**UW Oshkosh Children's Learning and Care Center**

I (We) hereby authorize UW Oshkosh to initiate debit entries to my (our) Checking or Savings account indicated below to debit and/or credit the same to such account.

Financial Institution \_\_\_\_\_

Branch (if applicable) \_\_\_\_\_

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

Transit/ABA (Bank) Number \_\_\_\_\_

Account to be Debited:

\_\_\_\_\_ Checking Account – Please attach a voided check to this form

\_\_\_\_\_ Savings Account – Please write account number below

Account number \_\_\_\_\_

This authorization is to remain in full force and effect until the UW Oshkosh Children's Learning and Care center office has received written notification from me (or either of us) of it termination in such time and in such manner as to afford UW Oshkosh and the Financial Institution a reasonable opportunity to act on it.

Print Name \_\_\_\_\_

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

Print Name \_\_\_\_\_

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