

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

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 & Care Center office has received written notification from me (or either of us) of its termination in such time and in such manner as to afford UW Oshkosh and the Financial Institution a reasonable opportunity to act on it.

Email Address \_\_\_\_\_

Social Security Number (Community Members Only) \_\_\_\_\_

Print Name (1) \_\_\_\_\_

Signature (1) \_\_\_\_\_ Date \_\_\_\_\_

Print Name (2) \_\_\_\_\_

Signature (2) \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Date Recorded on Single Point: \_\_\_\_\_

By whom: \_\_\_\_\_