



New Richmond Area  
Community Foundation

### Donor Monthly Contribution Authorization

I authorize **St. Croix Valley Foundation** and **First State Bank & Trust**, Bayport, MN to initiate debit entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. **Payment dates are the 1<sup>st</sup> of each month.**

Name on Account (please print)

Address

City

State

Zip

Please transfer payments directly from my: \_\_\_\_\_ Checking Account

\_\_\_\_\_ Savings Account

Financial institution Routing Number (between these symbols |: |: on the bottom left of your check)

Account Number

Number of times transfer will be made:

Starting date of transfer:

\$ Amount of Transfer:

Authorized Signature

Date

**Apply my contributions in the following manner** (must add up to the total monthly contribution above):

\$\_\_\_\_\_ **Community Needs Fund** (unrestricted) or \$\_\_\_\_\_ (specify fund name) \_\_\_\_\_

**Return completed form to:**

**St. Croix Valley Foundation  
516 Second Street, Suite 214  
Hudson, WI 54016**

**Email scanned PDF form to:**

**info@scvfoundation.org**