



# Black Hawk College FOUNDATION

## Scheduled Donations Authorization Agreement

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### Contact Information

Organization or Business (if applicable)

Name of Contact Person

Address

Title

City

Phone Number

State

Zip

ACH Confirmation Email Address

I hereby authorize the Black Hawk College Foundation to initiate scheduled donations from our checking account indicated below at the depository financial institution named below. I acknowledge that the origination of ACH transactions to our account must comply with the provision of US law.

In order to be considered complete, this form must be accompanied with one of the following to verify proof of account ownership: voided check, bank statement, deposit ticket.

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### Account Information

Bank Name

Routing Number

Account Number

I authorize Black Hawk College Foundation to charge my bank account for \$ \_\_\_\_\_ on the \_\_\_\_\_ day of each \_\_\_\_\_.

Donation for: \_\_\_\_\_

This authorization is to remain in full force until the Black Hawk College Foundation has received written notification from us of its termination in such time and in such manner as to afford the Black Hawk College Foundation reasonable opportunity to act on it.

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### Authorized Signature

Authorization (Print)

Title (Print)

Authorization Signature on Account

Date

Please return this form along with proof of account ownership to:

Black Hawk College Foundation  
6600 34th Avenue, Moline, IL 61265  
Fax: (309) 792-8127