



1602 Stout Road Menomonie, WI 54751 www.steppingstonesdc.org
715.235.2920 info@steppingstonesdc.org fax: 715.235.5741

Automatic Withdrawal Authorization Form

Name (please print) _____

Address _____

Phone _____ E-mail _____

I would like to make a monthly donation to Stepping Stones through automatic withdrawal from my:

Checking Account (**please provide a voided check**)

Savings Account (**provide account and routing numbers**)

Please withdraw \$35 \$50 \$100 Other \$ _____

(**choose one**) on the 1st of each month **or** 15th of each month

Beginning (starting date): _____

(if the 1st or 15th falls on a weekend or holiday the transaction will be processed on the next business day)

Signature

Today's Date

- If you change financial institutions please let us know as soon as possible.
- Please notify us one week in advance to cancel this authorization.
- **Please return form to Stepping Stones** for processing (address above).

