

Monthly Giving Enrollment Form

Your support of the National Credit Union Foundation (NCUF) is vital to helping consumers across the country reach financial freedom. Thank you.

To enroll in our monthly giving program, please complete this form, sign and return it to the address above. You can give monthly through your checking account or credit card. This authority will remain in effect until you notify the National Credit Union Foundation in writing that you wish to change your contribution or terminate the authorization.

Questions? Contact Josie Collins at 608.231.4397 or jcollins@ncuf.coop.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Email: _____

____ Yes, I would like to receive occasional online communications from NCUF.

I will make my monthly gifts by (select one):

____ **CHECKING ACCOUNT DEBIT**

I authorize National Credit Union Foundation to deduct _____ every month as a gift from my checking account automatically. **Enclosed is a voided check to supply my account numbers.** Debits are initiated between the fifth and tenth day of each month.

Signature (*Required*): _____ Date: _____

____ **DEBIT/ CREDIT CARD**

I authorize National Credit Union Foundation to charge _____ each month as a gift to my credit card account below. Charges will be processed between the fifth and tenth day of each month.

____ VISA ____ MasterCard

Card Number: _____ - _____ - _____ - _____

Name (*as it appears on card*): _____

Expiration date (MM/YYYY) _____

Signature (*Required*): _____ Date: _____



This seal is a symbol of NCUF's commitment to strong accountability, ethical practices, and sound stewardship of donors' funds. NCUF continues to earn the [Better Business Bureau seal of approval](#) as an accredited charity by meeting all 20 [Wise Giving Alliance Standards](#) for national charities.