



**Automatic Withdrawal  
Authorization Form**

I authorize Sharing Active Independent Lives, (SAIL),  
to deduct monthly payments from my account, by Electronic Funds Transfer. This  
authorization shall continue in effect until revoked by me in writing.

\_\_\_\_\_  
(Name – Please Print)

\_\_\_\_\_  
(Address – Please Print)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name of Financial Institution)

Account No. \_\_\_\_\_

Financial Institution Routing Number \_\_\_\_\_  
(First 9 numbers between brackets at the bottom of your check.)

Check one: Checking Account:  Savings Account:

**If you have any questions please call 608-230-4321**

Please return this form to:

**Sharing Active Independent Lives (SAIL)**  
6209 Mineral Point Rd., Ste. 210  
Madison, WI 53705