

Troy University Foundation

Adams Administration, 304B
Troy, AL 36082
334-670-3838

AUTHORIZATION FOR AUTOMATIC BANK DRAFT

- Complete and sign this form along with a **voided check or deposit slip** from your bank account and return it to the address listed above.
- Debit transmissions are sent to the bank within the 1st week of each month. The deduction will be made to your account during this time.
- Your bank statement will reflect the date and amount of your deduction and should indicate where your payment was sent. You will receive an official acknowledgement from Troy University Foundation.
- You may terminate this service anytime by written notification to Troy University Foundation.

Donor Information:

Name _____ Graduate Yr. _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Daytime Phone _____ Cell Phone _____

Email Address _____ Spouse Name _____ Alum/Graduate Yr. _____

Gift Information:

I/we would like to make a monthly contribution of \$ _____ (minimum \$10.00).

Please initiate the first payment in the month of _____, 20 ____.

_____ I would like my gift to support: _____

OR

_____ Please use my gift where the need is the greatest

Bank Account Information:

Bank Name _____

Address _____

Routing Number _____

Account Number _____

I authorize Troy University Foundation to initiate the recurring charge to my bank account as indicated above. In making this authorization, I agree to the following terms: I authorize Troy University Foundation to run a debit transmission to my checking account on a monthly basis. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop a payment by timely written notification prior to charging my bank account. I understand, however, that both my financial institution and/or Troy University Foundation reserve the right to terminate this payment plan (or my participation therein).

Signature (as shown on bank records): _____ **Date:** _____