



TIGER DRAFT AUTHORIZATION FORM

Name: _____

Home Phone: _____

Address: _____

Email Address: _____

City: _____ State: _____ Zip Code: _____

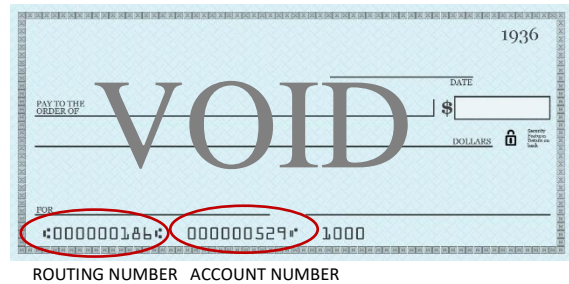
Grad Year: _____

BANK INFORMATION

Bank Name: _____

Routing Number: _____

Account Number: _____



GIFT INFORMATION

Amount Deducted Monthly: \$ _____

Number of Deductions: _____ Beginning: __/__/__ Ending: __/__/__

Total Amount of Gift: \$ _____

Designation: Annual Fund Other: _____

EMINENT ASSOCIATES RECOGNITION PROGRAM

- Tuskegee University appreciates all gifts given to the university to benefit our students and seeks to recognize donors giving \$1,000 or more in our Eminent Associates Recognition Program. Please select this box if you'd like additional information regarding becoming an Eminent Associate.

AGREEMENT STATEMENT

I hereby authorize Tuskegee University to deduct funds from my checking/savings account via Electronic Funds Transfer (EFT).

Signature

Date

Office Use Only: GL Account to Credit: _____ Department: _____ Administrative Office: _____