



## WIRE TRANSFER AUTHORIZATION FORM

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Grad Year: \_\_\_\_\_

### BANK INFORMATION

Bank Name: Regions Bank

Beneficiary: Tuskegee University c/o The Office of Advancement and Development

Routing Number: 062000019

Address: P.O. Box 1304

Account Number: 0256628749

Tuskegee Institute, AL 36087

### GIFT INFORMATION

Amount of Gift: \$ \_\_\_\_\_ Expected Date of Transfer: \_\_\_\_\_ Transferring Bank: \_\_\_\_\_

### 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

My signature below confirms my decision to make a charitable gift or pledge to Tuskegee University

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Use Only: GL Account to Credit: \_\_\_\_\_ Department: \_\_\_\_\_ Administrative Office: \_\_\_\_\_