



OFFICE OF INSTITUTIONAL ADVANCEMENT ACH/EFT GIVING FORM

I authorize Virginia State University to initiate deductions in the amount, frequency and from the bank account indicated at the Financial Institution named below. I understand that any changes to this form (including designation changes, timeframe, amount or frequency) must be submitted in writing.

NAME: _____

ADDRESS: _____

CITY, STATE ZIP: _____

EMAIL: _____

PHONE: _____

EMPLOYER: _____

CLASS YEAR: _____

BANK INFORMATION:

BANK NAME: _____

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

ACCOUNT TYPE: CHECKING SAVING

GIFT INFORMATION:

TOTAL GIFT AMOUNT: _____ START DATE: _____

EACH DEDUCTION AMOUNT: _____ RENEW ANNUALLY

FREQUENCY: MONTHLY BI-MONTHLY

DESIGNATION: _____

This authorization will remain in full force and effect until Virginia State University has received written notification. Gifts will be acknowledged by Virginia State University to the name and address listed on this form.

SIGNATURE: _____ DATE: _____

IA OFFICE USE ONLY:
BANNER ID: _____ GIFT ENTRY & DATE: _____