

**VIRGINIA TECH FOUNDATION, INC.
 AUTHORIZATION FOR PRE-ARRANGED PAYMENTS
 (ACH DEBITS)**

I (We) hereby authorize the Virginia Tech Foundation Inc. to initiate debit entries and/or correction entries to our

Checking

Savings

account (*select one*) indicated below at the depository (*e.g. bank, credit union*) named below,

herein after called **DEPOSITORY**, to debit the same to such account.

DEPOSITORY (BANK, CU) NAME

BRANCH

CITY

STATE

BANK TRANSIT/ABA NUMBER

ACCOUNT NUMBER

This authorization is to remain in full force until the Virginia Tech Foundation, Inc. has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Virginia Tech Foundation, Inc. and DEPOSITORY reasonable opportunity to act upon it.

NAME(S)

SIGNATURE

DATE

SIGNATURE

DATE

Address

City

State

Zip

Amount: \$ _____ per month

Begin Deduction on _____ 15 30 _____
 (Month) (Day) (Year)

Please attach a voided check if using a checking account or a deposit slip if using a savings account. Return the form and all attachments to Sharon Linkous, Va. Tech Athletic Fund, P. O. Box 10307, Blacksburg, VA 24062. If you have questions concerning this form please contact Sharon Linkous at (540)231-5851.