



Make A Gift using a Bank Draft

Authorization Agreement for Electronic Payments

Please complete this form and email it to takers@vmiaa.org with a voided check or deposit slip. If you choose to mail this form instead, please send to VMI Alumni Agencies, P.O. Box 932, Attn: Tracy Akers, Lexington, Virginia 24450. If you have questions, please call (800) 444-1839.

Bank Information:

I/we authorize the VMI Alumni Agencies to initiate debit entries to my/our bank account established at:

Financial Institution _____

Address/Branch Office _____

City _____ State _____ Zip _____

Transit/ABA Number _____ Account Number _____

Type of Account Checking Savings

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP.

Gift Designation:

I/we wish to make monthly gift payments of \$_____ posting to my/our account for a period of:

Please check one: 12 months 24 months 36 months 48 months 60 months

or until I request that you stop

\$_____ Foundation Fund

\$_____ Keydet Club Scholarship Fund

\$_____ Other _____

I wish to make this gift anonymously.

Please sign and date.

Signature

Date

Your gift deduction will begin the month following the initial authorization. Deductions will take place on or about the 15th day of each month. Your monthly bank statement will itemize the drafts when they occur. An Annual Giving Statement will be issued by January 31 of the following calendar year.

Thank you for your gift!