

TUSKEGEE UNIVERSITY

TIGER DRAFT AUTHORIZATION FORM

Name:			Home Phone:	
Address:			Email Address:	
City:	State:	Zip Code:	Grad Year:	
BANK INFORMATION			The same are the the transfer in the transfer	
Bank Name:			PAYTOTHE STORE OF STORE	
Routing Nun	nber:		DOLLARS (I) State of	
Account Nur	nber:		:00000018b; 000000529· 1000	
			ROUTING NUMBER ACCOUNT NUMBER	
GIFT INFORMATION				
Amount Dec	ducted Monthly:	\$		
Number of I	Deductions:	Beginning	g://_ Ending://	
Total Amou	nt of Gift: \$			
Designation	: 🗖 Annual Fund	d □ Other:		
EMINENT ASSOCIATE	S RECOGNITION	PROGRAM		
recognize d	onors giving \$1,0	000 or more in our Em	he university to benefit our students and seeks to inent Associates Recognition Program. Please select ling becoming an Eminent Associate.	
AGREEMENT STATEM I hereby au Funds Tran	thorize Tuskege	e University to deduct	funds from my checking/savings account via Electronic	
		Signature	 Date	

Office Use Only: GL Account to Credit: _

_ Department: _

_ Administrative Office: _