



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: _____