



**Electronic Funds Transfer Authorization**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ VT ID: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ e-mail: \_\_\_\_\_  
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Amount of Pledge: \$ \_\_\_\_\_

In installments of \$ \_\_\_\_\_ in each of the CIRCLED months:

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Signature: \_\_\_\_\_ **(required)**

My gift is to Benefit: **Judy Diane Albert Memorial Scholarship (860334)**

Please complete the enclosed form and attach a voided check.

The timing of the payments can be indicated above and will occur around the 15<sup>th</sup> of each month you choose. Please return this form, the bank form, and your voided check to University Development (0336), Attn: Gift Accounting, Blacksburg, VA 24061.

Questions should be directed to Gift Accounting at 540-231-2801 or by e-mail at [jwstring@vt.edu](mailto:jwstring@vt.edu).

**AUTHORIZATION AGREEMENT FOR PRE-ARRANGED GIFTS  
(ACH DEBITS)  
TO THE VIRGINIA TECH FOUNDATION, INC.**

I (We) hereby authorize Virginia Tech Foundation, Inc. to initiate debit entries and/or correction entries to our  **Checking**  **Savings account** (select one) indicated below at the depository named below, herein after called **DEPOSITORY**, to debit the same to such account.

**DEPOSITORY NAME**

**BRANCH**

**CITY**

**STATE**

**BANK TRANSFER/ABA NUMBER**

**ACCOUNT NUMBER**

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

**NAME(S)**

**TAX ID NUMBER (SS #)**

**SIGNATURE**

**DATE**

**SIGNATURE**

**DATE**

**Please Attach   A Voided Check**

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Ph: 800-533-1144

Fax: 540-231-2802

Submit form to Virginia Tech, University Development (0336),  
Gift Acctg., 902 Prices Fork Road, Blacksburg, VA 24061