



**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 account 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/CREDIT UNION) NAME

BRANCH

CITY

STATE

BANK TRANSIT/ABA NUMBER

ACCOUNT NUMBER

Check one:  Checking Account or  Savings Account  
Check one:  Starting a Hokie-Matic or  Updating Existing Account Information

This authorization is to remain in full force until the Virginia Tech Foundation, Inc. has received **written notification** from the donor of its termination in such time and manner as to afford the Virginia Tech Foundation, Inc. and the depository reasonable opportunity to act upon it.

NAME(S): \_\_\_\_\_

SIGNATURE(S)

DATE

STREET ADDRESS

CITY, STATE, ZIP

<b>Desired Club Level:</b>	
Hokie Club	<input type="checkbox"/> \$100-\$249
O&M Club	<input type="checkbox"/> \$250-\$549
Bronze Hokie	<input type="checkbox"/> \$550-\$1199
Silver Hokie	<input type="checkbox"/> \$1200-\$2499
Golden Hokie	<input type="checkbox"/> \$2500-\$4999
Platinum Hokie	<input type="checkbox"/> \$5000 and up

AMOUNT: \$ \_\_\_\_\_ per month to BEGIN deduction on \_\_\_\_\_ 15 / 28, 20\_\_\_\_.  
(Month) (Pick one) (Year)

Please attach a **voided check** (if using a checking account) or a **deposit slip** (if using a savings account). For security purposes, please **do not fax or email this form**. Return this form and all attachments to Gift Accounting, VTAF, P.O. Box 10307, Blacksburg, VA 24062. Please contact one of our gift accountants at [givetohokieclub@vt.edu](mailto:givetohokieclub@vt.edu) or by phone (540) 231-6618 with any questions.