



Tennessee Technological University Foundation

Authorization Form for Recurring Gifts

I (We) hereby authorize Tennessee Technological University to initiate debit/charge entries as stated below.
The automatic recurring debits/charges will be processed on the 20th of each month.

Name: _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ E-mail: _____

Designation(s): _____ Amount: _____

_____ Amount: _____

_____ Amount: _____

Beginning Date (Month/Year): _____

Ending Date (Month/Year or Indefinitely): _____

Recurring Amount: _____ Monthly Quarterly Semi-Annually Annually

Credit Card: MasterCard Visa Discover
Card Number: _____
Name on Card: _____
Expiration Date: _____ CCV: _____

Electronic Funds Transfer:
Please include a voided check.
Name of Bank: _____

This authorization is: In addition to a current authorization.
 A new authorization - no current CC or EFT transactions to TTU.
 Takes the place of previous authorizations.

This authorization is to remain in full force and effect until the ending date as indicated or until Tennessee Technological University has received written notification from the donor(s) of its termination in such time and manner as to allow Tennessee Technological University reasonable opportunity to act upon the request.

Signature: _____ Date: _____

Office Use Only:

ID Number: _____ Development Officer: _____

Account Name(s): _____ Fund Number(s): _____

Vice President, University Advancement Signature/Date