



PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

Authorization Agreement for Direct Draft from Banking Account (Complete this form and hand deliver to cashier window or mail to the address below)

I (We) authorize Prairie View A & M University to debit my (our) checking/savings account one time in the amount of \$_____. I (We) authorize the financial institution named below to debit amount indicated above from my (our) account.

I (We) authorize Prairie View A & M University to debit my (our) checking/savings account monthly in the amount of \$_____ occurring monthly on the 5th day of the month, or the last day of the month effective _____ or until notified in writing to cancel (Please give 30 day notice for cancellation). I (We) authorize the financial institution named below to debit amount indicated above from my (our) account.

Depository Name (Bank, Credit Union)

Bank Location, City, State

Financial Institution's Routing/Transit Number

Zip Code

Account Number

Account Type (Checking/Savings)

Customer Name (Please Print)

Customer Signature

Customer Name (If Joint Account)

Second Signature (If Joint Account)

Home Phone Number

Mailing Address

Work Phone Number

City, State

E-mail Address

Zip Code

This gift will be used to support the: _____.

Date

Please staple a void check to this form. (Deposit slips and photocopies cannot be processed.)

If you have any questions, please contact the Office of Development at (936) 261-1550 or the Office of Treasury Services at 936-261-1890.

Mail this form to:

Prairie View A & M University

P.O. Box 519, MS 1329

Treasury Services

Prairie View, Texas 77446