



Authorization Agreement for Pre-Authorized Payments

I (we) authorize Vanderbilt and the financial institution named below to electronically charge my (our):

checking account savings account specified below. ***Please attach a voided check or deposit slip to this form. Vanderbilt cannot process this request without the routing information from your check or deposit slip.***

_____ Bank Name

_____ City _____ State _____ ZIP

I authorize \$_____ per month/quarter for a total of \$_____ per year.

Frequency: Monthly Quarterly (January, April, July and October)

Day of the Month: 3rd banking day 12th banking day

Date Plan to Commence: ____/____/____

I (we) authorize Vanderbilt to charge my credit card \$_____ per month/quarter for a total of \$_____ per year. *Please note that Vanderbilt processes credit card requests on or about the 15th day of the month.*

Frequency: Monthly Quarterly (January, April, July and October)

VISA MasterCard American Express Discover

_____ Card number _____ Expiration date

_____ Name as it appears on card

_____ Signature

Please designate my gift to the Owen Graduate School of Management or to the following program at Owen:

It is understood this agreement may be terminated by me (either of us) at any time by written notification to Vanderbilt University. Any such notification to the University shall be effective only with respect to entries initiated by the University after receipt of such notification and a reasonable opportunity to act on it.

_____ Authorizing Party (please print)

_____ Authorizing Party (please print)

_____ Signature _____ Date

_____ Signature _____ Date