

HAMPTON UNIVERSITY
Authorization for Pre-Authorized (ACH Debits)

New Plan

Change to Plan

Cancel Plan

1. PERSONAL INFORMATION

Name (Please Print) _____ Telephone Number (Please include area code) _____

Address _____ City _____ State _____ Zip Code _____

Email _____ Class of _____ (If Applicable) _____

2. PRE-AUTHORIZED DEBITS (P.A.D.)

P.A.D. is designed for Alumni/Donors wishing to contribute an automatic and recurring fixed dollar amount to Hampton University from their bank account.

I want to transfer \$ _____ . I want to start the transfer on _____ .

I want to contribute this amount (Choose one):

Each month on the 1st Each month on the 15th Each month, at month end Other _____

PLEASE DESIGNATE FUNDS TO THE FOLLOWING:

RESTRICTED UNRESTRICTED NHAA, INC. ENDOWED SCHOLARSHIP OTHER _____

AUTHORIZATION: Hampton University is authorized to initiate debit entries from the account(s) listed below and this authorization is to remain in effect until Hampton University has received written notification of its termination in such time and as to afford Hampton University ant the Bank reasonable time to process.

3. BANKING INFORMATION

Type of Account: Savings Checking If Joint Account, Check here

Name of Bank _____

City _____ State _____ Zip Code _____

Routing Number _____ Account Number _____

Bank Account Holder Signature _____ Date _____ Bank Account Holder Signature (if Joint Account) _____ Date _____

PLEASE ATTACH A VOID CHECK AND SEND TO:
HAMPTON UNIVERSITY
NELLIE H. CRAWFORD
ASSISTANT VICE PRESIDENT FOR BUSINESS AFFAIRS AND COMPROLLER
HAMPTON, VIRGINIA 23668