**ELECTRONIC WITHDRAWAL AUTHORIZATION FOR**

**ANNUAL ALUMNI ASSOCIATION DUES**

I (we) herby authorize the below indicated electronic withdrawal from the account identified on the attached voided check. Please process the annual alumni association dues for the association listed below. I (we) understand that I will be notified in advance of any withdrawal, and that withdrawals will occur annually until I (we) direct otherwise. Annual dues are currently $125; any change to this amount will be communicated to me (us).

Alumni Association name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Association on account (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Send to the Pi Kappa Alpha Memorial Headquarters*

*8347 West Range Cove*

*Memphis, TN 38125*

*(PLEASE ATTACH VOIDED CHECK)*