



ELECTRONIC WITHDRAWAL AUTHORIZATION FOR ANNUAL ALUMNI ASSOCIATION DUES

I (We) hereby authorize an 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 withdrawals will occur annually, until I (We) direct otherwise. Annual dues of \$150 will be charged to each association, unless otherwise communicated.

Alumni Association Name: _____

Name/Association on account (please print): _____

Billing Address: _____

Routing Number: _____

Account Number: _____

Primary Contact: _____ Primary Contact Title: _____

Primary Contact Email: _____

Primary Contact Phone Number: _____

Address: _____

Date: _____

Signature: _____

Scan & email completed form to finance@pikes.org.

(PLEASE ATTACH VOIDED CHECK)