



AUTHORIZATION AGREEMENT FOR DIRECT BANK WITHDRAWALS (ACH)

Name: _____

Home Phone: _____ Email Address: _____

Home Address: _____

I (we) hereby authorize Auburn Alumni Association to initiate debit entries to my (our)

(select one) **Checking Account** **Savings Account**

indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. Law.

I hereby authorize the Auburn Alumni Association to initiate debit entries according to the following payment plan beginning immediately.

(Select One)

Individual

- Annual: \$45 (one-time payment)
- Life Fully-Paid: \$650 (one-time payment)
- Life Installments: \$140 per year for 5 years
- Life Installments: \$65 per month for 10 months

Joint

- Annual: \$60 (one-time payment)
- Life Fully-Paid: \$975 (one-time payment)
- Life Installments: \$205 per year for 5 years
- Life Installments: \$97.50 per month for 10 months

Depository

Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing

Number: _____
(9 digits)

Account

Number: _____

***Please submit a copy of a voided check with the authorization agreement.**

This authorization is to remain in full force until the membership has been paid in full or until the Auburn Alumni Association has received written notification from me (or either of us) of its termination in such manner as to afford the Auburn Alumni Association and DEPOSITORY a reasonable opportunity to act on it.

Signature _____
(Required in order to establish Automatic Debit Payments)

Date: _____

Please complete and return with your membership form to:

Auburn Alumni Association
Attn: Alumni Accounting
317 S. College St.
Auburn University, AL 36849

Questions? Please contact us!

Auburn Alumni Association
Membership Desk
334-844-2960