



OFFICE OF INSTITUTIONAL ADVANCEMENT  
ACH/EFT GIVING FORM

MATCH IT CAMPAIGN FY23

(For gifts received between 9/8/2022 to June 30, 2023)

I authorize Virginia State University (or its related entity, Virginia State University Foundation) to initiate deductions in the amount, frequency and from the bank account indicated at the Financial Institution named below. I understand that any changes to this form (including designation changes, timeframe, amount or frequency) must be submitted in writing. Please submit completed form to [giving@vsu.edu](mailto:giving@vsu.edu)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

CLASS YEAR: \_\_\_\_\_

**BANK INFORMATION:**

BANK NAME: \_\_\_\_\_

ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

ACCOUNT TYPE:  CHECKING  SAVING

**GIFT INFORMATION:**

TOTAL GIFT AMOUNT: \_\_\_\_\_ START DATE: \_\_\_\_\_

EACH DEDUCTION AMOUNT: \_\_\_\_\_  RENEW ANNUALLY

DRAFT PERIOD:  1<sup>ST</sup> OF EVERY MONTH

DESIGNATION: \_\_\_\_\_

This authorization will remain in full force and effect until Virginia State University has received written notification. Gifts will be acknowledged by Virginia State University to the name and address listed on this form.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>IA OFFICE USE ONLY:</b> BANNER ID: _____ GIFT ENTRY & DATE: _____
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