

## House Corporation of Phi Gamma Delta at RPI

## Donor ACH / Direct Deposit Authorization Form

Payee Information:			
Name:			
Address:			
Phone:			
Email Address:			
Monthly Amount:			
Action:	O NEW Donation	O CHANGE Donation	CANCEL Donation
Financial Institution	n Information:		
Bank Name:			
Account #:			
9-Digit Routing #:			
Type of Account:	O Checking	○ Savings	
debit entries and adjuresponsibility to upda RPI. I understand the Questions? Please of	istments for any credit entri te my account information a at funds will be debited on th	es in error, for my monthly donations is needed with the Treasurer of The H	electronic credit entries, and if necessary from the account listed above. It is my louse Corporation of Phi Gamma Delta at otreasurer@gmail.com.
Signature:		Date:	