



TEXAS LUTHERAN UNIVERSITY

Learn Boldly. Live to Inspire.

ACH Authorization Form

From:

Name on account _____

Donor Phone # _____

Bank Name _____

Bank Phone # _____

ABA/Routing # _____

Account # _____

Amount _____ Frequency _____

Process Date _____ 5th _____ 15th _____ 25th

Designation of Funds _____

I hereby request the amount stated above be withdrawn from my bank account and deposited into the account of Texas Lutheran University according to the instructions above. I understand this deduction will continue until further written notice is received by the TLU Development and Alumni Relations Office.

Signature

Date

To:

Texas Lutheran University
Development and Alumni Relations
1000 West Court Street
Seguin, Texas 78155
Fax: 830-372-8030 Phone: 830-372-8030

For deposit at

First Commercial Bank
ABA/Routing # 114912220
Account # 24872

Additional Instructions _____

G/L Coding _____

TLU Representative/Date _____