

## AUTHORIZATION FOR MONTHLY ELECTRONIC TRANSFER OF FUNDS

I hereby authorize the Beta Omicron Alumni Chapter of Pi Kappa Phi Fraternity Housing Corp., Inc. to transfer \$ \_\_\_\_\_ each month to their account held at Sabine State Bank, account number \_\_\_\_\_, from my account.

*Monthly contribution*

*Alumni chapter account (leave blank)*

**MY ACCOUNT NUMBER:** \_\_\_\_\_

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

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

**BANK LOCATION (CITY/ STATE):** \_\_\_\_\_

I have the right at any time to cancel this transfer upon written request to the bank. I understand that should my account have insufficient funds on the day of the transfer, the transfer will not take place and will be skipped for that period. This authorization is for the benefit of Pi Kappa Phi Fraternity and places no additional liability on the bank for failure to make timely transfer.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

*\*Please complete this authorization and mail along with voided check to:*  
David Morgan, Sr.  
Pi Kappa Phi Alumni Chapter Treasurer  
3541 Lost Creek Blvd.  
Austin, Texas 78735