

TO: Robert M. Ryan  
 Villanova University Office of University Development  
 RE: Automatic Payment Authorization for Donations to the Villanova Singers  
 Endowment Fund



NAME	
ADDRESS	
GRAD YEAR	
PHONE	
E-MAIL	

I hereby authorize Villanova University to initiate debts to my bank account listed below. I understand this authorization may be revoked by me at any time by providing Villanova University with a written notice to discontinue my automatic payments. **All money is to be credited to the Villanova Singers Endowment Fund.**

BANK NAME	
BANK OR BRANCH ADDRESS	
BRANCH PHONE	
BANK ABA ROUTING NUMBER	
PLEASE INDICATE WHETHER CHECKING OR SAVINGS ACCOUNT	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
BANK ACCOUNT NUMBER	
AMOUNT OF EACH WITHDRAWAL	
STARTING DATE	
FREQUENCY	
ENDING DATE (IF APPLICABLE)	

**Options:**

Donation is in memory of \_\_\_\_\_

(or)

Donation is in honor of \_\_\_\_\_

Please keep my donation anonymous.

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

Please provide a copy of this completed authorization to your bank or branch, and fax a copy to Robert Ryan at the Villanova University Development Office at **610 519-7999**.