



Office of Development  
200 William R. Harvey Way  
Hampton, VA 23668  
757-727-5298

## ACH Payment Authorization Form

Just complete and sign this form to get started!

### Please complete the information below:

I \_\_\_\_\_ authorize Hampton University to charge my bank account  
(Full name)  
indicated below on the \_\_\_\_\_ for gift donation towards \_\_\_\_\_.  
(Day or date)

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:      Checking      Savings

Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Hampton University in writing of any changes in my account information or termination of this authorization at least 15 days prior to the billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Hampton University may at its discretion attempt to process the charge again within 30 days. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.