THE UNIVERSITY OF TENNESSEE FOUNDATION AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Name: 1 st Annuitant					
Last	t	First	M		
Name: 2 nd Annuitant					
Last	t	First	M		
Address:					
City	7	State	Zip (Code	
☐ New Enrollment			☐ Change in bank or account number		
Account Direct Deposit To:					
Name of Bank or Financial Institution					
Address of I	Rank				
ridics of I		ty	State	Zip Code	
Bank Routin	ng Number			_	
Bank Account Number					
Bank Account in Name(s) of					
This Accoun	nt is a:				
☐ Checking Account		\Box S	☐ Savings Account		
	account at the fir	nancial institution	indicated above.	(our) gift annuity remittance check I (we) also authorize withdrawal s payment.	
Signature			D	Date	
Signature		D	ate		
	ATTACH A	A VOIDED CHE	CK TO THIS F	ORM	
For UT FOUNDATION Off	ice Use Only:				
Account Name					
Account Number Effective Date					