

Kansas Iota of Phi Kappa Theta Authorization for Direct Debit Payment (ACH)

Complete and mail or deliver to:

**Phi Kappa Theta Alumni
1965 College Heights Rd
Manhattan, KS 66052**

I authorize Phi Kappa Theta Alumni to withdraw my payment automatically from my checking/savings account and initiate adjustments, if necessary, for any entries made in error to my account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford Phi Kappa Theta Alumni and the financial institution a reasonable opportunity to act on it.

Name: _____

Signature: _____

Date: _____

Address: _____

Account Number: _____

Account Type (Circle one): Checking OR Savings

Routing Number: _____
(nine digit **bank code**, which appears on the bottom of checks)

Amount not to exceed: _____

Circle preferred date of debit 5th OR 20th