

# Panther Banking

## Registration Form

*Please type or print all information except signature, and return form to:*

Panther Club  
Department of Athletics  
P.O. Box 7436  
Pittsburgh, PA 15213-0436

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone No.** \_\_\_\_\_

**Date for Debit (circle) 1<sup>st</sup> 15<sup>th</sup> Amount per month (\$10 minimum)** \_\_\_\_\_

**Starting Month** \_\_\_\_\_

**Name of financial institution** \_\_\_\_\_

I authorize the University of Pittsburgh and the financial institution designated in this application to withdraw from my checking account monthly payments on my Panther Club contribution. I understand that both the financial institution and Panther Club reserve the right to terminate this payment plan and/or my participation therein. I also understand that, at any time, I may elect to discontinue my participation in this plan by providing written notice.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_