



## Automatic Withdrawal Form

I hereby authorize the North Carolina Central University Foundation Inc. to withdraw funds from my

**Checking/Savings Account** or my  **Credit Card**

The authority will remain in effect until NCCU Foundation Inc. is notified by me in writing to cancel it. (The NCCU Foundation Inc. requires at least 10 days notice to prevent the next scheduled withdrawal.)

### Direct my gift to:

Eagle Excellence Fund       Annual Fund       Other: \_\_\_\_\_

### Checking/Savings Account Withdrawal

\_\_\_\_\_  
Name on Checking/ Savings Account (Please Print)      \$ \_\_\_\_\_ per month \_\_\_\_\_  
Amount (minimum \$25 per month)      Signature

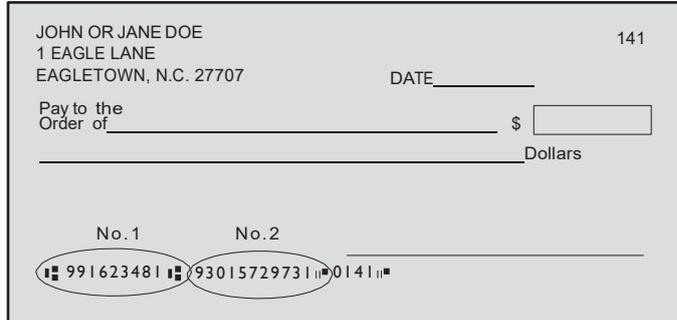
\_\_\_\_\_  
Street Address       Withdrawn on the First of the Month **OR**  
 Withdrawn on the 20th Day of the Month  
(An administrative fee of \$5 will be assessed on the first draft.)

\_\_\_\_\_  
City      State      Zip

\_\_\_\_\_  
Name of Financial Institution (Please Print)      DATE \_\_\_\_\_

\_\_\_\_\_  
Branch Address      Pay to the Order of \_\_\_\_\_ \$ \_\_\_\_\_ Dollars

\_\_\_\_\_  
City      State      Zip



### PLEASE ATTACH A VOIDED CHECK

Should you wish to direct your gift to a particular purpose, complete the bottom-right portion of this form.

Mail the completed form with a voided check to:

NCCU Foundation, Inc.  
PO Box 19363  
Durham, NC 27707

**Questions?** Call 919-530-7399.

\_\_\_\_\_  
Routing No.      Account No.  
(No.1 in the illustration above.)      (No. 2 in the illustration above.)  
(Nine digits enclosed with ■.)      (Number order may be reversed.)

### Credit Card Withdrawal

\_\_\_\_\_  
Name as it Appears on the Card (Please Print)      \$ \_\_\_\_\_ per month \_\_\_\_\_  
Amount (minimum \$10 per month)      Signature

Visa       MasterCard       American Express       Discover

\_\_\_\_\_  
Card No.      /      Expiry Date      /      CVV2 Code

**Questions?** Call 919-530-7399

Revised 6/17/15