



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.

Checking/Savings Account Withdrawal

Name on Checking/ Savings Account (Please Print)

Street Address

City State Zip

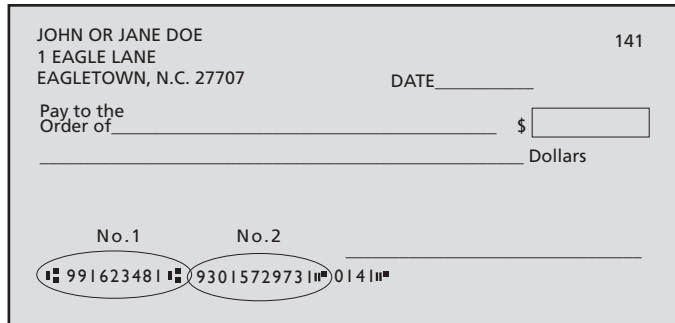
\$ _____ per month _____
Amount (minimum \$25 per month) Signature

Name of Financial Institution (Please Print)

Branch Address

City State Zip

Withdrawn on the First of the Month **OR**
 Withdrawn on the 20th Day of the Month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.)



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 52466
Durham, NC 27717

Questions? Call 919-530-6731 or 919-530-7397.

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)

Visa MasterCard American Express Discover

_____/_____/_____
Card No. Expiry Date CVV2 Code

\$ _____ per month _____
Amount (minimum \$10 per month) Signature

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

Questions? Call 919-530-6731 or 919-530-7397.

Direct my gift to:

Annual Fund Scholarships

Other: _____