

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED BANK DRAFTS

I (we) hereby authorize UNCW to initiate debit entries to my (our) bank account indicated below and the financial institution named below, to debit the same to such account.

FINANCIAL INSTITUTION _____ BRANCH _____
CITY _____ STATE _____ ZIP _____

AMOUNT TO DEBIT PER MONTH: (\$5 minimum) \$ _____

I WOULD LIKE MY GIFT DESIGNATED TO: UNCW's Annual Support Fund
 Other: _____

This authority to remain in full force and effect until UNCW has received written notification from me (or either of us) of its termination in such time and in such manner as to afford UNCW a reasonable opportunity to act on it.

NAME(S) _____ PHONE NO. (____) _____
(PLEASE PRINT)

DATE _____ **X** _____ **X** _____
SIGNED SIGNED

PLEASE ATTACH VOIDED CHECK

FOR OFFICE USE ONLY:

ABA ROUTING NO.: _____ ACCOUNT NO.: _____

Thank you for your gift to UNCW!
Questions: Contact Karen Brown @ 910-962-3593 or Heidi Wood @ 910-962-2009
Please return your completed form to:
UNCW-Advancement Services, 601 South College Road Wilmington, NC 28403-5990