

The Foundation of the University of North Carolina at Charlotte
Bank Draft Authorization

The Foundation of The University of North Carolina at Charlotte is authorized to automatically draft my bank account each month according to the following terms.

My account will be automatically drafted on the 15th day of each month beginning in the month of _____, 200_. (Initial paperwork will require up to 45 days for processing. Please allow for this when you indicate starting month above). The monthly draft amount and the total gift will be as follows:

\$ _____ per month

X _____ number of months

\$ _____ TOTAL GIFT

_____ Designation

Any change of information related to the monthly drafts should be provided *in writing* to The Foundation of The University of North Carolina at Charlotte, Inc. Discontinuance requires receipt of notification no less than 7 business days prior to discontinuance date. Change in financial institution or account number requires a 45 day written notification for processing.

Name: _____

Address: _____

Name of Financial Institution: _____
Checking or Savings: _____

Account number to be drafted: _____

Signature: _____ Date: _____
ID Number: _____ (Assigned by the Development Office)

ATTACHMENT REQUIRED
NON-NEGOTIABLE VOIDED CHECK

Return completed form to:
Development Office, UNC Charlotte
9201 University City Boulevard, Charlotte, NC 28223-0001

Please keep a copy of this document which confirms, as required by IRS regulations concerning donations, that no goods or services were received in exchange for this gift.