



North Carolina Central University Foundation, Inc. Bank Draft Form

I (we) hereby authorize the North Carolina Central University Foundation, Inc. to initiate entries to my checking / savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited in error. The authority will remain in effect until North Carolina Central University Foundation, Inc. is notified by me (us) in writing to cancel it in such time as to afford North Carolina Central University Foundation, Inc. and the financial institution a reasonable opportunity to act on it.

Name on Account – (Please print): _____

Address - (Please print): _____ **State** _____ **Zip** _____

Amount: \$ _____ per month in support of: Alumni Endowed Professorship Greatest Need Scholarships
(Minimum of \$10 for at least 6 months) Other _____

Signature: _____ **Date:** _____

****An administrative fee of \$5.00 will be assessed to the initial draft****

Name of Financial Institution: _____

Address of Financial Institution – Branch _____

City _____ **State:** _____ **Zip:** _____

Financial Institution Routing Number: _____

Checking /Savings Account Number: _____

PLEASE ATTACH VOIDED DEPOSIT SLIP

Mail the completed Form with a Voided Deposit Slip to:

**North Carolina Central University Foundation, Inc.
1801 Fayetteville St, William Jones Room 029
Durham, NC 27707**

www.nccufoundation.org