



## 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:

Annual Fund  Scholarships

Other: Endowment Scholarship  
Alpha Lambda Chapter of Delta Sigma Theta

### 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Withdrawn on the First of the Month **OR**

Withdrawn on the 20th Day of the Month

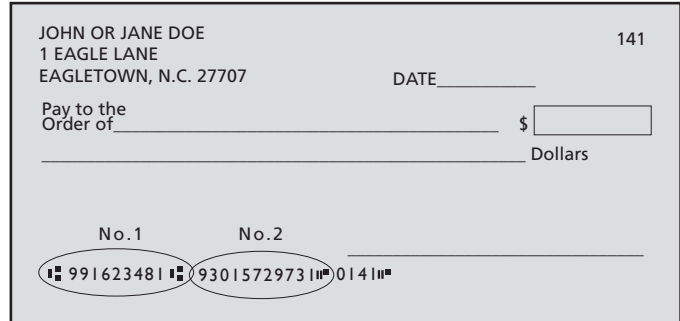
(An administrative fee of \$5 will be assessed on the first draft.)

\_\_\_\_\_  
City State Zip

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

\_\_\_\_\_  
Branch Address

\_\_\_\_\_  
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 52466  
Durham, NC 27717

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

\_\_\_\_\_  
Routing No. Account No.

(No.1 in the illustration above.)  
(Nine digits enclosed with ⑆.)

(No. 2 in the illustration above.)  
(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 919-530-6731 or 919-530-7397.

Revised 08/08/12