

East Carolina University Foundation, Inc. **BANK DRAFT AUTHORIZATION**

I would like to contribute at regular intervals to the growth and progress of EAST CAROLINA UNIVERSITY. As a convenience to me, I hereby request and authorize you (my bank) to pay and charge to my account drafts drawn on my account by the ECU FOUNDATION, INC.

AMOUNT OF DRAFT TO BE DRAWN (\$5 minimum) \$ _____
_____ dollars

Total Amount of Pledge \$ _____

Gift Designation(s) _____

Discontinue drafting my account
on the following date:

This draft authorization will be continuous and will remain
in effect until revoked by me or the ECU FOUNDATION, INC.

_____ *Accounts are drafted on the first (1st) of the month.*

**Please send us a voided
copy of a check**

Your Name _____

Address _____

Name of Bank _____ Acct. No. _____

Address of Bank _____

Signature _____ Date _____

(as on bank records)

IA-009065* (6/00)