Automatic Bank Draft

The University of North Carolina at Chapel Hill

You can spread your annual gift over an entire year by authorizing your bank to make monthly transfers from your checking account. To participate in this program, complete this form and return it to us with a voided check.

I authorize my bank to make payments in the amount of $_____ per month ($10/month minimum for a minimum of one year) on the 15th day of the month beginning _____ (month). This authorization remains in effect until I notify UNC-Chapel Hill of its termination. Notification can be made by contacting the Office of Gift Services. Using the space provided below, please designate how you wish your gift to be used. You may give an unrestricted gift to the University or any of its schools or units. You can also designate a specific fund.

Gift Designation: _____
SCHOOL/UNIT OR SPECIFIC FUND

Your Name: _____

Daytime Phone: _____

E-mail: _____

Bank Account Information

Bank Name: _____

Address: _____

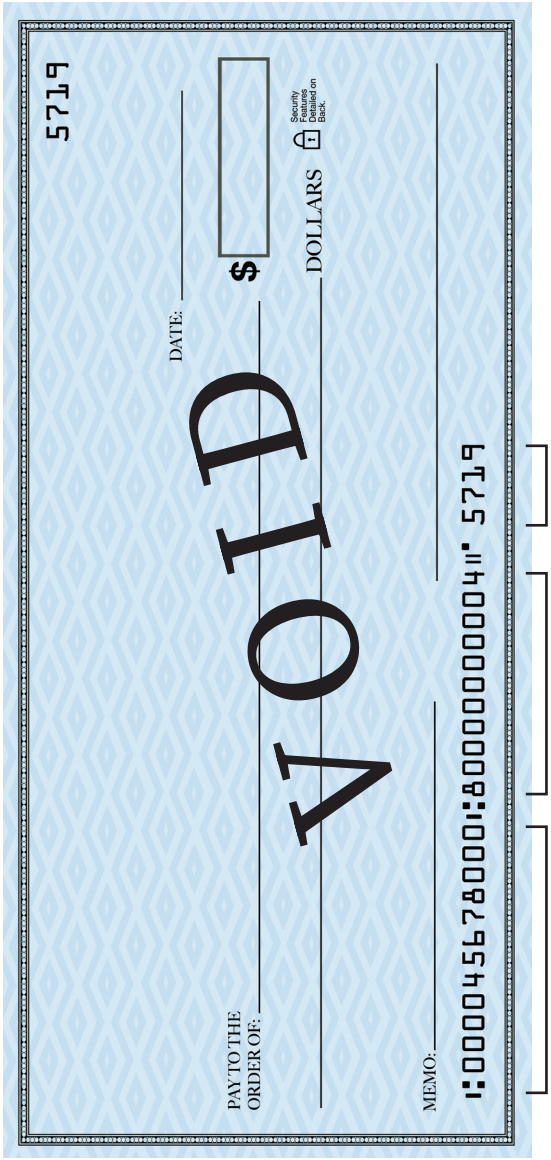
Bank Routing Number: _____

Bank Account Number: _____

Purpose of this Application: Check one

- ☐ New Application Change
- ☐ Existing Banking Information

Staple voided check below:



For more information, contact:

OFFICE OF GIFT SERVICES

919-537-3818 • giving@unc.edu

SIGNATURE DATE

OFFICE OF UNIVERSITY DEVELOPMENT
Phone 919-962-2336 • Fax 919-962-2387
giving.unc.edu

MAILING ADDRESS: PO Box 309 • Chapel Hill, NC 27514-0309
DELIVERY ADDRESS: 140 Friday Center Drive • Chapel Hill, NC 27517
CAMPUS ADDRESS: Campus Box 6100

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