

# 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: \_\_\_\_\_

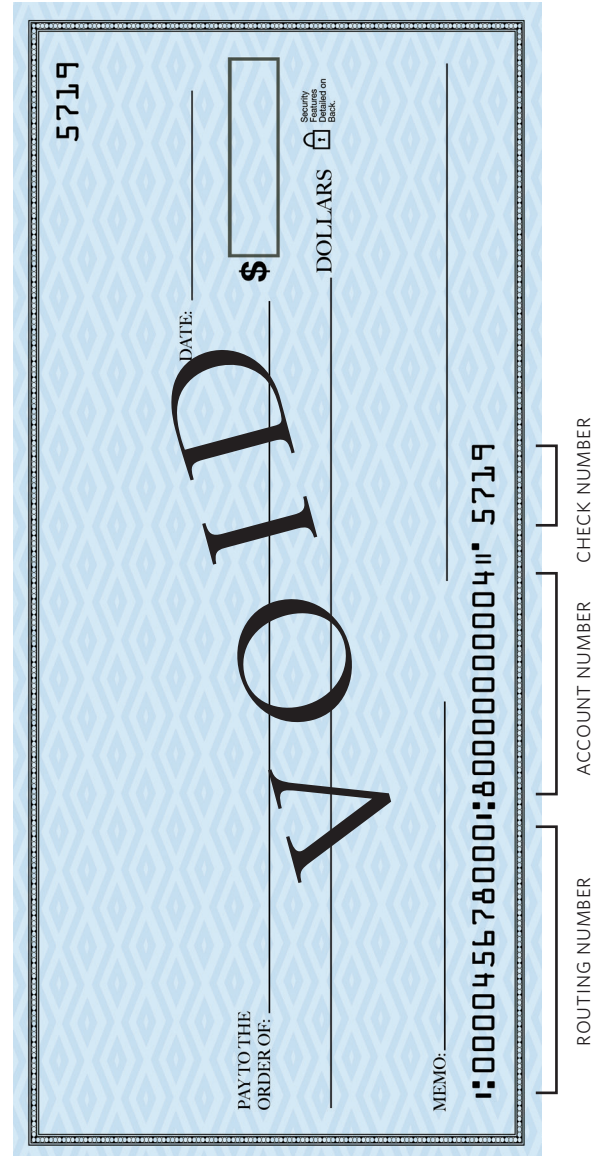
Bank Routing Number: \_\_\_\_\_

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:** 208 W Franklin Street • Chapel Hill, NC 27516-2520  
**CAMPUS ADDRESS:** Campus Box 6100