



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:

Eagle Excellence Fund Annual Fund Other: _____

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Withdrawn on the First of the Month **OR**

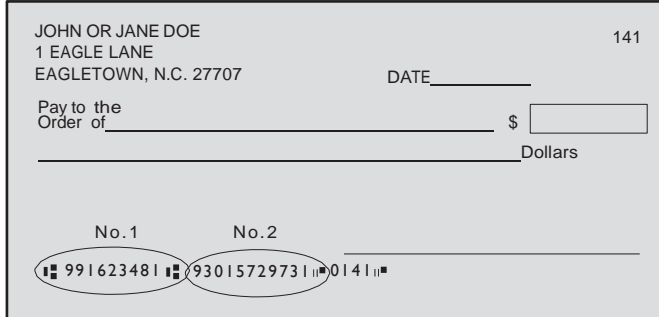
Withdrawn on the 20th Day of the Month

(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 19363
 Durham, NC 27707

Questions? Call 919-530-7399.

 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 919-530-7399

Revised 6/17/15