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) _________________________________

Street Address ________________________________

City __________ State __________ Zip ______

Name of Financial Institution (Please Print) _________________________________

Branch Address ________________________________

City __________ State __________ Zip ______

PLEASE ATTACH A VOIRED 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.

Credit Card Withdrawal

Name as it Appears on the Card (Please Print) _________________________________

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

_________________________________________ / ______/ ______

Card No. Expiry Date CVV2 Code

$ _______ per month

Amount (minimum $25 per month) Signature

☐ Withdrawn on the First of the Month  OR

☐ Withdrawn on the 20th Day of the Month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.)

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.)

Questions? Call 919-530-7399

Revised 6/17/15