WINSTON-SALEM STATE UNIVERSITY FOUNDATION

S. G. Atkins House
Winston-Salem, NC 27110
336/750-3005

Thank you for inquiring about our Electronic Funds Transfer charitable contribution program. By completing and returning this form, you will be on your way to establishing an easier and less costly way of making your gift to Winston-Salem State University Foundation, Inc. Your monthly bank statement will adequately describe this draft when it occurs.

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DRAFTS

I (we) hereby authorize Winston-Salem State University Foundation to initiate debit entries to my (our) bank account indicated below and the financial institution named below, to debit the same to such account.

FINANCIAL INSTITUTION_____ BRANCH_____

CITY_____ STATE_____ ZIP_____

Amount to debit monthly (*Will occur on or about the 10th of each month*) $_____
(You should anticipate the first draft approximately 30-45 days after we have received your authorization)

☐ Checking ☐ Savings

This authority will remain in full force and effect until Winston-Salem State University Foundation, Inc. has received written notification from me (*or either of us*) of its termination in such time and in such manner as to afford Winston-Salem State University Foundation, Inc. a reasonable opportunity to act on it.

_____ _____
Name(s) Phone

_____ _____ _____ _____
Signature Date Signature Date

Staple here only

Attach voided check here