

Automatic Bank Draft Application

Office of University Development

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:	
5	School/Unit or specific fund
Your Name:	
Daytime Phone:	
E-mail:	
Bank Account Informa	ition
Bank Name:	
Address:	
Bank Routing Number:	
Bank Account Number:	
Purpose of this Applica	ation – Check one
New Application	Change Existing Banking Information
Signature:	
Date Signed:	

GIFT PROCESSING

For more information:

Office of Gift Services 919-537-3818 giving@unc.edu

Staple voided check below:



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