



AUTHORIZATION AGREEMENT FOR AUTOMATIC BANK DRAFT

I authorize the U of M Foundation to initiate electronic debit entries, and if necessary, credit entries and adjustments for any debit entries in error, to my account listed below. I understand that each month, on either the 5th or 20th, a gift will be debited directly from my checking or savings account. I would like to have withdrawn from my account on the **5th or 20th** **(choose one)** of each month:

\$_____ per month for _____ months, for a total gift of \$_____.

OR

\$_____ per month indefinitely, until I provide written notice to the University of Memphis Foundation terminating this agreement.

Signature Date

Name _____ Class year (if applicable) _____

Last 4 of Social Security Number _____ Daytime phone _____

Address _____

Bank _____ Branch _____

Please mail this form, **along with a voided check from the account that you wish to have debited**, to:

The U of M Foundation
Attn: Lisa Mayne
Alumni Center, Room 102
635 Normal Street
Memphis, TN 38152