



East Carolina University
FOUNDATION INC.

BANK DRAFT AUTHORIZATION

I would like to contribute at regular intervals to the growth and progress of EAST CAROLINA UNIVERSITY. As a convenience to me, I hereby request and authorize you (my bank) to pay and charge to my account drafts drawn on my account by the ECU FOUNDATION, INC.

AMOUNT OF DRAFT TO BE DRAWN (\$5 minimum) \$ _____ dollars

Total Amount of Pledge \$ _____

Gift Designation(s) _____

Discontinue drafting my account
on the following date:

_____ *Accounts are drafted on the first (1st) of the month.*

This draft authorization will be continuous and will remain in effect until
revoked by me or the ECU FOUNDATION, INC.

Please send us a voided
copy of a check

Your Name: _____

Address: _____

Name of Bank: _____ Acct. No. _____

Address of Bank: _____

Signature: _____ Date: _____

(as on bank records)