

Donor Bank Draft

As a convenience to our loyal donors, Methodist University is pleased to offer the option of making charitable gifts by automatic bank draft from a financial institution. If you would like the University to charge your account for pledge payments, please provide us with the information below.

I (we) _____ hereby authorize Methodist University to initiate charges to the account in the amount specified below. This authorization will remain effective until the pledge is paid in full and/or the Bank or Methodist University has received written notification from me terminating the bank draft.

Date of Pledge: ____/____/____

I (we) pledge: \$ _____ over a period of ____ / ____
Months / Years

To: _____
Campaign / Fund

Use my gift for Unrestricted Restrict my gift for: _____

Financial Institution _____ Checking Savings
Bank Name

Amount of draft per month: \$ _____ per year: \$ _____

Beginning: _____

Bank drafts will occur the 1st day of each month.

Account Holder Name _____

Account Number _____

Transit/Routing Number _____

Note: Please provide a voided check to ensure accuracy.

Signature _____

Date: ____/____/____

Please mail completed form to: Methodist University
Attn: Rhonda McMillan
5400 Ramsey Street
Fayetteville, NC 28311

For questions related to this form, please contact the Methodist University Development Office at 910.630-7200 or 800.488.7110 ext. 7200.