

Automatic Bank Draft Donation Agreement

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Gift to benefit: _____

Monthly Draft Amount: \$ _____

Payments will be drawn on the 15th

Start Date: _____ End Date: _____

Total Gift \$ _____

I give authority to have pre-authorized payments drawn monthly by the University of Kentucky on my bank account for purpose of charitable donations. Donations paid by bank draft are continuous until the date mentioned above and can only be cancelled in writing. Cancellation must be received at least 15 days prior to draft date for cancellation it is my responsibility to check my bank statement to make sure my account is not drafted after the termination date.

PLEASE ATTACH A BLANK VOIDED CHECK

Name of Bank: _____

City: _____ State: _____ Zip: _____

Type of account (circle one) checking savings

Account Number: _____

Transit/Routing Number (please check with your bank): _____

Signature: _____ Date: _____