



## ELECTRONIC BANKING DRAFT AUTHORIZATION FORM

*Thank you for inquiring about the Auburn University Foundation Electronic Fund Transfer (EFT) program. This authorization to draft your account on or about the 10<sup>th</sup> of each month will remain in effect until your pledge is paid in full if applicable or until the Auburn University Foundation receives written notification of termination of this agreement. Your monthly bank statement will adequately describe this draft when it occurs. Please anticipate the first draft approximately 30 to 45 days after this authorization has been received by the Auburn University Foundation.*

### AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED DRAFTS

I (we) hereby authorize Auburn University Foundation to initiate debit entries to my (our) bank account and financial institution indicated below on a monthly basis for the amount entered below.

Financial Institution: \_\_\_\_\_

Branch: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Transmit/ABA NO: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount to Debit per Month (\$15 minimum):\$ \_\_\_\_\_

Please designate my gift for: \_\_\_\_\_

This authority to remain in full force and effect until Auburn University Foundation has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Auburn University Foundation to act on the notification.

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Daytime Phone #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Daytime Phone #

\_\_\_\_\_  
Date

**PLEASE MAKE A COPY FOR YOUR RECORDS AND SEND THIS FORM WITH A VOIDED CHECK TO:**

**AUBURN UNIVERSITY FOUNDATION • GIFT ACCOUNTING  
317 SOUTH COLLEGE STREET, AUBURN, ALABAMA 36849-5170  
PHONE: (334) 844-1125 • EMAIL: AUGIFTS@AUBURN.EDU**