Automatic Bank Draft Gift Authorization

Name_____
(Please Print)

Address_____

City_____State_____Zip _____ Phone (____)____-_____

Financial Institution_____

City_____State_____Zip _____ Phone (____)____-_____

IMPORTANT: Please return a voided check with this form to ensure accurate processing

I authorize the University of Central Arkansas Foundation, Inc. to deduct $_____ per month from my checking/savings account to be placed in the _____ Fund. This monthly deduction is effective for the period beginning _____ and ending _____
(month, day -1st or 15th please circle one, and year) (month, day -1st or 15th please circle one, and year)

I have reviewed the information contained in this authorization and agree to the terms/conditions.

Date_____ Signature_____

Please return this form to:
UCA Foundation, Inc.
Buffalo Alumni Hall
201 Donaghey Avenue
UCA Box 4986
Conway, AR 72035-4986

For additional information please phone 1-800-981-4426 or (501) 450-5288

Thank You