 North Carolina Agricultural Foundation, Inc.

Electronic Funds Transfer (EFT) Form

 A UTHORIZATION T O DRAFT A C C OUNT

**YES**, I want to support the CALS through Electronic Funds Transfer, per the form on the reverse.

# I hereby authorize North Carolina State University to issue drafts against my/our bank account

**in the amount of $\_\_\_\_\_\_\_\_ monthly between the 20th and the 28th day of each month (check one )** *□***until \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) ,or** *□***until notified.**

*(Minimum draft is $10.00 per month.)*

Name:

Address: City: State: ZIP: Daytime phone number: Financial institution

*This authority is to remain in full force and effect as outlined above until North Carolina State University has received written notification from me of its termination and has had reasonable opportunity to act on it.*

Signature Date

Please attach a VOIDED CHECK to this form and send to:

Office of Alumni & Donor Records

ATTN: Electronic Funds Transfer Administrator North Carolina State University

Advancement Services

Campus Box 7474

Raleigh NC 27695-7474