
OFFICE of ADVANCEMENT SERVICES

Gifts Processing

Automatic Bank Draft Application

You can spread your annual gift over an entire year by authorizing your bank to make monthly transfers from your checking account. To participate in this program, fill out this form and return it to us.

I authorize my bank to make payments in the amount of \$_____ per month (\$10/month minimum for a minimum of one year) on the 15th day of the month beginning _____(month). This authorization remains in effect until I notify UNC-Chapel Hill of its termination. Notification can be made by writing to gifts processing, or by calling or e-mailing Elizabeth Boycher. Using the space provided below, please designate how you wish your gift to be used. You may give an unrestricted gift to the University or any of its schools or units. You can also designate a specific fund.

Gift Designation: _____
School/Unit or specific fund

Your Name: _____

Daytime Phone: _____

E-mail: _____

Bank Account Information

Bank Name: _____

Address: _____

Bank Routing Number: _____

Bank Account Number: _____

Purpose of this Application – Check one

First Application Change Banking Information

Signature: _____

Date Signed: _____

For more information

Elizabeth Boycher
Advancement Services
919-962-3431
beth_boycher@unc.edu

PLEASE ATTACH VOIDED BLANK CHECK HERE