



UCA
Foundation

AUTOMATIC BANK DRAFT AUTHORIZATION

Name _____

Address _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Financial Institution: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

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

AUTOMATIC GIFT AUTHORIZATION

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 _____.

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

Date: _____

Signature: _____

Return this form to:

UCA Foundation, Inc.
201 Donaghey Avenue
UCA Box 4986
Conway, AR 72035-0001

For additional information please call (501) 450-5288 or email foundation@uca.edu.