



AUTOMATIC BANK DRAFT AUTHORIZATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Financial Institution _____

City _____ State _____ Zip _____

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 and 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 1-800-981-4426 or (501) 450-5288