



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED DEBITS

I hereby authorize the **University of North Alabama Foundation** to initiate debit entries to my checking account. This authority is to remain in full force and effect until the **University of North Alabama Foundation** has received written notification from me of its termination.

FINANCIAL INSTITUTION _____

CITY _____ STATE _____ ZIP CODE _____

ROUTING/TRANSIT NUMBER _____

ACCOUNT NUMBER _____

AMOUNT TO BE DRAFTED _____

DAY OF THE MONTH FOR DRAFT _____

MONTHLY _____ QUARTLY _____ ANNUALLY _____

DESIGNATE GIFT TO _____

DATE _____

SIGNATURE _____

NAME _____

PHONE NUMBER _____

PLEASE ATTACH A VOIDED CHECK

Please return completed form with a voided check to:
UNA Box 5075 Florence, AL 35632 or Fax to (256) 765-4877