



## **BANK DRAFT AUTHORIZATION FORM**

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Name of Bank

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Address of Bank

Please pay and charge to my account a monthly draft of \_\_\_\_\_ dollars  
(\$ \_\_\_\_\_) for \_\_\_\_\_ months (maximum 24 months) for a total contribution of:  
\$ \_\_\_\_\_. This should be paid to the order of the University of Arkansas  
Foundation/KUAF, beginning the month of \_\_\_\_\_ until \_\_\_\_\_.  
**PLEASE INCLUDE A VOIDED CHECK.**

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Signature

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Driver's license #

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Name

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Address

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City, State, Zip

**YOU MUST INCLUDE A VOIDED CHECK IN ORDER TO BEGIN  
THIS AUTOMATIC BANK DRAFT.**

**THANK YOU!**