

**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 for a total contribution of:

\$ \_\_\_\_\_. This should be paid to the order of the University of Arkansas

Foundation/KUAF, beginning the month of \_\_\_\_\_ until

\* \_\_\_\_\_.

\* Mark "until further notice" if you would like the bank draft to continue indefinitely.

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Signature

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Social Security Number

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Name

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Address

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City, State, Zip