

**AUTHORIZATION AGREEMENT
FOR BANK DRAFTS
(Minimum 6-month commitment)**

I/we hereby authorize Wake Forest Baptist Medical Center to draft my/our bank account at the financial institution listed below on or about the 5th of each month for the amount entered below.

Financial Institution _____

Branch _____

City _____ **State** _____ **Zip** _____

Transit/ABA No. _____

Account No. _____

Amount of draft each month \$ _____

Gift Designation _____

Name _____
(Please print)

Home Address _____

Phone _____ Home Cell

E-mail address: _____

_____ I understand this authorization will remain in effect until I/we notify Wake Forest
(initial here) Baptist Medical Center in writing to change or terminate this agreement.

Signature _____ **Date** _____

**Please send a voided check along with this form to Marion Aspden, Gift and Stock Accounting Specialist, Office of Development and Alumni Affairs, WFBMC, P.O. Box 571021
Winston-Salem, NC 27157-1021**

Thank you!