

**AUTHORIZATION AGREEMENT
FOR BANK DRAFTS**

I/we hereby authorize Wake Forest University School of Medicine 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 _____

Your Name _____

Your Address _____

Your Phone # _____

This authorization will remain in effect until I/we notify WFU School of Medicine in writing to change or terminate this agreement.

Signature _____ Date _____

Please send a voided check along with this form to:

Office of Development & Alumni Affairs
Wake Forest University Baptist Medical Center
Attn: Marion Aspden
Medical Center Boulevard
Winston-Salem, NC 27157-1021