

Bank Draft Form - For Preauthorized Payments

ADDRESSS		
CITY	STATE ZIP	
PHONE NUMBER		
EMAIL ADDRESS		
5 1	niversity, herein after called ETBU, to initiate debit entries to my c med below, herein after called BANK, to debit the same such acco	
BANK NAME	BRANCH	
CITY	STATE ZIP	
ROUTING #	ACCOUNT #	
Please debit \$per month	until notified to stop the debit OR	
Please debit \$per month Please use this gift for:	 until notified to stop the debit OR for months 	
	_	
Please use this gift for:	_	
Please use this gift for: Blue and Gold Fund Scholarship Fund	_	

This authorization is to remain in full force and effect until ETBU has received written notification from me (or either of us) of its termination at such a time and manner as to afford ETBU and BANK a reasonable opportunity to act on it.

Date	
Date	

_____Signature _____

Please complete this form and return it to: East Texas Baptist University, Office of Advancement, One Tiger Drive, Marshall, Texas, 75670

Thank you for your faithful support of East Texas Baptist University.