

Bank Draft Form - For Preauthorized Payments

NAME	
ADDRESSS	
CITY	STATE ZIP
PHONE NUMBER	
EMAIL ADDRESS	
account indicated below at the bank named below, her	n after called ETBU, to initiate debit entries to my checking ein after called BANK, to debit the same such account. BRANCH
CITY	STATE ZIP
ROUTING #	ACCOUNT#
Please debit \$per month until notifi	ied to stop the debit OR
for	months
Please use this gift for:	
☐ Blue and Gold Fund	
Scholarship Fund	
Endowed Scholarship:	
Other:	
This authorization is to remain in full force and effect	until ETBU has received written notification from me (or ner as to afford ETBU and BANK a reasonable opportunity

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