

406 University Avenue  
Oxford, MS 38655

THE UNIVERSITY OF MISSISSIPPI FOUNDATION

**BANK DRAFT AUTHORIZATION AND  
AUTHORITY TO PAY CHECKS**

Telephone (662) 915-5944

**Please Print**

Name as shown on Bank Records	Checking Account Number
-------------------------------	-------------------------

Name of Bank and Branch if any
--------------------------------

Street Address of Bank	City or Town
------------------------	--------------

This will be your authority to pay and charge to my account checks drawn in the amount of \$ \_\_\_\_\_ monthly by the University of Mississippi Foundation for a gift designated for \_\_\_\_\_.

The above authorization will remain in force until revoked by me in writing.

(signature)	(date)
-------------	--------

The signed form and a voided check should be mailed to:

1) Campus Mail - Brandt Memory House

**OR**

2) The University of Mississippi Foundation  
406 University Avenue  
Oxford, MS 38655