



ATHLETICS FOUNDATION

BANK DRAFT AUTHORIZATION FORM

Please Print

Name as shown on Bank Records		OMAF ID
Billing Address of Account Holder		City, State Zip
Checking Account Number	9 Digit Routing Number	
Name of Bank		

This will be your authority to charge to my account in the amount of \$ _____ monthly beginning on the ()1st or ()15th of _____ for a total of \$ _____

This gift is designated for _____. The above authorization will remain in force until revoked by me in writing.

Signature _____ Date _____

1. Please fill out and sign this form.
2. **Attach a voided blank check for encoding.**
3. The signed form and voided check should be mailed to:
Ole Miss Athletics Foundation
P.O. Box 1519
Oxford, MS 38655
4. Or fax to 662-915-7160

For questions and inquiries, please call the Ole Miss Athletics Foundation at 662-915-7159.