



BANK DRAFT FORM

Last Name | First Name | Middle Initial

Street

City | State | Zip

Bank Draft Authorization:

I authorize Presbyterian College to initiate debit entries to my account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for (Application). I acknowledge that the origination of ACH transaction to my account must comply with the provision of U.S. law. **(For bank draft, please attach copy of voided check to this form)**

Financial Institution Name | Branch

Address | City | State | Zip

Routing # | Account # | Type of Acct: () Checking () Savings

Starting Date | Monthly Debit Amount

This authority is to remain in full force and effect until Presbyterian College has received written notification from me of its termination in such time and manner as to afford Presbyterian College and Financial Institution a reasonable opportunity to act on it.

Notes: *All written debit authorizations must provide that Presbyterian College may revoke the authorization only by notifying the Originator in the manner specified in the authorization.

* The underlined language in the authorization above represents the disclosure requirement associated with the clarification of OFAC economic sanction policies upon ACH Network Participants.

I would like to designate my gift as: PC Fund \$ _____ Scotsman Club \$ _____

PC Scholarship Fund \$ _____ Other (please specify) \$ _____

Signature: _____ Date: _____

**Return completed form to:
Presbyterian College
PO Box 975, Clinton, SC 29325-0975
Or e-mail to: rafortman@presby.edu
Call: 864-833-8320 if you have questions.**

THANK YOU FOR SUPPORTING PRESBYTERIAN COLLEGE