

Please print this form and return to the address listed below

Middle Tennessee State University Automatic Bank Draft Form

Please ✓ check one

_____ 1. I authorize MTSU to withdraw from my checking account \$ _____ per month for the next _____ months beginning on the 19th day of _____. The total of my gift will be \$ _____.

_____ 2. I authorize MTSU to withdraw from my checking account \$ _____ per month indefinitely. Donations will be withdrawn on the 19th day of each month.

Your contribution can be stopped at anytime by writing:

*MTSU Foundation & Development Office
P.O. Box 109
Murfreesboro, TN 37132*

Name: _____

Address: _____

City: _____

State: _____

E-mail address: _____

Gift Designation: _____

Evening Phone: _____ Daytime Phone: _____

Signature: _____ Date _____

Bank Name: (Depository): _____

Please enclose a voided check with this form,

**Return to:
MTSU Foundation
P.O. Box 109
Murfreesboro, TN 37132**