

Making Life Easier!

The North Carolina Medical Society Foundation is pleased to announce an automatic debit plan using Electronic Funds Transfer (EFT).

Name

Address

E-mail address

Daytime Phone

Simplify your giving by returning this form authorizing the Foundation to instruct your bank or savings institution to make deductions from the account you indicate.

I wish to enroll in the Foundation's annual giving automatic debit plan, and I hereby authorize the Foundation to initiate debit entries in the amount of \$_____ per month to my (select one):

_____ Checking account (attach voided check)

_____ Savings account (attach deposit slip)

I understand that the above monthly amount will be debited from my selected account on the 10th day of each month. I also understand that this authorization will remain in full force and effect until I notify the Foundation in writing that I wish to discontinue this automatic debit plan. A record of the deduction to my account will appear on my bank statement.

Signature

Please print name

Send these documents:

- 1) this completed authorization form
- 2) voided, blank check or deposit slip (Please do not send a check for the monthly amount)

To: North Carolina Medical Society Foundation, Post Office Box 27167, Raleigh, NC 27611

For questions about using EFT for your annual gift, call Bridgette Holley, Foundation Gifts and Programs Coordinator at 800-722-1350 or email bholley@ncmedsoc.org

Simplify!