



Belmont University
Agreement for Preauthorized Payments
for gifts of Automatic Bank Draft or Credit Card

Your Name: _____ Daytime Phone Number: _____

Gift Information

Gifts can be designated to the Annual Fund or to any one of the University's schools or programs.

Monthly Payment Amount: _____ Gift Designation: _____

- Deduct/Charge \$ _____ per month for _____ months.
- Deduct/Charge \$ _____ per month until otherwise notified.

Agreement for Preauthorized *Bank Draft* Payments

I authorize my financial institution to make payments to Belmont University on or about the 19th day of every month.

Bank Account Information

Bank Name: _____

Address: _____

Bank Routing Number: _____ Bank Account Number: _____

Agreement for Preauthorized *Credit Card* Payments

I authorize that the following credit card account to be used to make contributions to Belmont University.

Credit Card Information

Credit Card Number: _____ Expiration Date: _____

Select One: Visa MasterCard American Express

Signature: _____ Date: _____

- This authorization form replaces an existing preauthorization form.

PLEASE ATTACH VOIDED CHECK HERE.