



## ***NBC Authorization of Automatic Bank Draft***

Name \_\_\_\_\_

I hereby authorize Lipscomb University to initiate monthly bank drafts in the amount stated below for the number of months indicated.

### **AUTOMATIC BANK DRAFT**

\$ \_\_\_\_\_ each month for \_\_\_\_\_ months, beginning \_\_\_\_\_.

(amount)

(# of months)

(MM-DD-YYYY)

I prefer bank drafts post to my account on the (select one)  4th/  19th day of each month.

Signature \_\_\_\_\_

Please mail this form with a voided check to:

Lipscomb University Athletics  
One University Park Drive  
Nashville TN 37204-3951