



Bank Draft Authorization Form

I hereby authorize Cone Health to draft my bank account indicated and I authorize my bank to debit the amount from my bank account.

Name: _____

Address: _____

City, State, and ZIP: _____

Bank Information

Bank Name: _____

Bank Routing Number: _____

Bank Checking Account Number: _____

Amount of Draft: _____

A voided check or a letter from the bank, on company letterhead, verifying/transit and account numbers for the applicant is required to begin the bank draft.

I certify that the financial information above is correct, that I am an authorized signer or designate on the account provided for ACH/EFT transactions, and that I am authorized to provide this information.

Authorized Name (please print)

Signature

Date

PLEASE MAIL COMPLETED FORM TO:

Cone Health Philanthropy Office, 1200 N. Elm Street, Greensboro, NC 27401 Phone: 336.832.9452