



Brunswick Community College Foundation Presents

# Fins Fan Club for Athletic Scholarships

Fins Fan Club members provide financial support for BCC's Student Athlete Scholarship Program with a \$250.00 tax-deductible donation made by an annual gift through the Brunswick Community College Foundation. Create opportunities for student athletes at BCC and receive benefits including donor recognition and invitations to Fins Fan Club events.

## Join today!

In support of BCC's Student Athlete Scholarship Program, I pledge and agree to a payment of \$ \_\_\_\_\_ for 2025-2026 Fins Fan Club Membership. *Minimum amount of \$250.00.*

Checks may be made payable to Brunswick Community College Foundation and return with completed form to:

*BCC Foundation Attn: Fins Fan Club  
PO Box 30 Supply, NC 28462*

To learn more, call (910) 755-7473.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Thank you for supporting the BCC Student Athlete Scholarship Program!**

PO Box 30 | Supply, North Carolina 28462 | 910-755-7473 | [www.brunswickcc.edu/foundation](http://www.brunswickcc.edu/foundation)



### Recurring ACH Payment Authorization

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you once a year and the charge will appear on your bank statement as an "ACH Debit". You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I \_\_\_\_\_ authorize Brunswick Community College Foundation  
(Full Name)  
to charge my bank account indicated below for \$ \_\_\_\_\_ once a month on  
(Amount \$)  
the 1st of the month for the following months \_\_\_\_\_.

This payment is for Fins Fan Club  
(Description of Goods/Services)

#### Billing Information

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

#### Bank Details (Fill in below or attach a voided check)

Checking     Savings

Account Name \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Brunswick Community College Foundation in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF), I understand that Brunswick Community College Foundation may at its discretion attempt to process the charge again within 30 days. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE \_\_\_\_\_  
(Account Holder's Signature)

DATE \_\_\_\_\_