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for any debit entries in error to my (our)	☐ credit/debit card ☐ check	ines and to initiate, in necessary, credit entre king	icated below.
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This authority will remain in effect until the North Carolina Museum of Art Foundation, Inc., has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the NCMA Foundation and depository a reasonable opportunity to act on it.			
NAME(S)		NCMA MEMBER NUMBER	
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DATE	SIGNED	SIGNED	



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