

**Join the AORN Foundation Sustaining Donor Circle  
Automatic Monthly Withdrawal Authorization Form**

This Automatic Monthly Withdrawal Form is used for authorizing AORN Foundation to withdraw donations directly from the donor's bank and/or credit/debit card account each month. **Please complete all three sections.**  
Donations are tax deductible as permitted by state and federal tax law.

**SECTION 1: Gift**

**Monthly Amount**

- \$10 (minimum for monthly withdrawal)
- \$25
- \$50
- \$ Other \_\_\_\_\_

Does your employer have a Matching Gift Program?  Yes  No

If Yes, please obtain and complete the appropriate matching-gift form from your employer and then mail to AORN Foundation.

**SECTION 2: Authorization for Automatic Monthly Withdrawal/Charge**

Start Date: (mm/yy) \_\_\_/\_\_\_ (**withdrawals will be made on the last business day each month**)

Bank Withdrawal **OR**  Credit Card  Debit

Type of account:  Checking  Savings Type of Card (Visa, M/C, Amex, etc.)

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

Name on Card: \_\_\_\_\_

Routing # (9 Digits): \_\_\_\_\_

Card No. \_\_\_\_\_

Account # (10 Digits): \_\_\_\_\_

Expiration Date: (mm/yy) \_\_\_/\_\_\_

Credit Card Authorization Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If withdrawal is from your checking account, please attach copy of **VOIDED** check - see example below



**SECTION 3: Personal Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_

**AUTHORIZATION AGREEMENT FOR AUTOMATED WITHDRAWALS:**

I hereby authorize and request the AORN Foundation to make monthly withdrawals in the amount listed above by initiating debit entries to my account indicated on the voided check copy provided, and I authorize and request BANK to accept my debit entries initiated by AORN Foundation to such account. It is understood that this agreement may be terminated by me at any time by written notification to the AORN Foundation. Any such notification to the AORN Foundation shall be effective only with respect to entries initiated by the AORN Foundation after receipt of such notification and a reasonable opportunity to act on it.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_