



Continued Commitment to the Specialty™

American Association of Orthodontists FOUNDATION
Century Club

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Authorization for automated account debit/recurring credit card charge

Upon donor authorization, AAOF will have the ability to initiate ACH (automated clearinghouse) debits to the account provided until notified to cease such debits or recurring charges to the credit card indicated. All information will be kept confidential. Please complete the following for payment processing. Should your banking or card information change, please notify the AAOF in order to continue your giving plan.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Automated Debits to your Bank Account (all fields required):

Financial Institution: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

ABA Routing Number: _____ Account Number: _____

Note: The ABA routing number and account number appears on the bottom of printed checks or deposit slips.

Please attach a voided check for verification of these numbers.

All account holders must authorize approval by signing below:

Account Holder Name: _____ Date: _____

Account Holder Name: _____ Date: _____

Please use my donations to further the Foundation’s mission to support orthodontic education and research at the discretion of the Board of Directors.

Please restrict my donation to the Foundation’s endowment, and only the earnings from my donation may be used to advance the mission of the foundation.

COMMENTS: _____

I understand that, effective immediately, the account or card listed above will be charged \$100 on or about the last business day of each month

Signature: _____ Date: _____