



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 permanently restrict my gift to the new Research Initiative Fund. I understand that funds from my gift will be invested in perpetuity with only the annual earnings from these investments used in support of orthodontic research.
- Please permanently restrict my gift to the AAO Foundation Endowment. I understand that funds from my gift will be invested in perpetuity with only the annual earnings from these investments used in support of the Foundation.
- Please use my gift only in support of the Craniofacial Growth Legacy Collections Project (www.aoflegacycollection.org).
- You may use my gift for orthodontic education and operational expenses at the discretion of the AAO Foundation Board of Directors.

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: _____