



Automatic Monthly Withdrawal Authorization Form

This Automatic Monthly Withdrawal Form is used for authorizing ONS Foundation to withdraw donations directly from the donor's bank account or credit/debit account each month. **Please complete all sections below:**

Section 1: Gift Designation and Amount

General Fund \$ _____ Per Month
 Memorial Tribute \$ _____ Per Month
 Endowment \$ _____ Per Month

In honor or memory (**please circle**) of: _____

Please notify: Name: _____

Address: _____

City, State, Zip: _____

Section 2: Authorization for Automatic Monthly Withdrawal/Charge

Start Date: (mm/yy) ____ / ____ For: **One Year** **Two Years** (please choose one)

Bank Withdrawal **OR** Credit/Debit Card

Type of account:	Checking	Savings	Type of Card (Visa/M.C./ Amex/Discover)
Bank Name:	_____		Name on Card: _____
Routing # (9 Digits):	_____		Card No. _____
Account # (10 Digits):	_____		Expiration Date: _____ CVV: _____
			Signature: _____

If withdrawal is from Checking Account, please attach a copy of a voided check.

Section 3: Contact Information

Name: _____ ONS Member ID: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

I hereby authorize ONS Foundation to make monthly withdrawals in the amount listed above. It is understood that this agreement may be terminated by me at any time by written notification to the ONS Foundation.

Return to:
 ONS Foundation
 125 Enterprise Drive
 Pittsburgh, PA 15275-1214