



OMICRON DELTA KAPPA
FOUNDATION

GIFT EXPRESS
Credit/Debit Authorization Form

I (we) hereby authorize Omicron Delta Kappa Foundation to initiate entries to my (our) checking/savings account at the financial institution listed below, and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until ODK is notified by me (us) in writing to cancel it in such time as to afford ODK and the financial institution a reasonable opportunity to act on it.

Name of Financial Institution: _____

Branch Address of Financial Institution:

Street _____

City _____ State _____ Zip _____

Name (please print): _____

Address: Street _____

City _____ State _____ Zip _____

Daytime phone number (_____) _____

Email address _____

Set Amount (minimum requested is \$19.14 monthly) _____

Financial institution routing number _____

Checking/savings account number _____

(These numbers are located on the bottom of your check, or you may attach a voided check.)

Would you like to designate this donation to a special Fund? Yes _____ No _____

If yes, please indicate how you would like to direct your donation. _____

Signature: _____ Date _____

Please return to: Omicron Delta Kappa Foundation
224 McLaughlin Street
Lexington, VA 24450

Fax: 540-458-5342

Call (540) 458-5335 or email bobby@odk.org for questions. Thank you
Gift Express is tax-deductible as a charitable donation according to current IRS regulations.
Your bank statement is your receipt.

For Office Use Only:
Date Processed:

Constituent ID#