



OMICRON DELTA KAPPA

The National Leadership Honor Society

Monthly Recurring Gift Bank Draft Authorization Form

I (we) hereby authorize Omicron Delta Kappa 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 OΔK is notified by me (us) in writing to cancel it, in such time as to afford OΔK and the financial institution a reasonable opportunity to act on it.

Name (please print): _____

Address: Street _____

City _____ State _____ Zip _____

Preferred phone number: (____) _____

Email address: _____

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

Name of Financial Institution: _____

Branch Address of Financial Institution:

Street _____

City _____ State _____ Zip _____

Financial Institution Routing Number: _____

Checking/Savings Account Number: _____

(These numbers are located at 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, 224 McLaughlin St, Lexington, VA 24450
Call (540) 458-5344 or email katy@odk.org for questions. Thank you!

Gifts to OΔK are tax-deductible as a charitable donation according to IRS regulations.