



## 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) 458-5346 or email [michelle@odk.org](mailto:michelle@odk.org) for questions. Thank you!

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