Debit Authorization

I/we hereby authorize Jewish Hospital & St. Mary's Foundation to initiate debit entries for _____ (designation for use of gift) to my/our account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit the same to such account. I/we acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Please debit my: ❒ Checking Account ❒ Savings Account

_____ _____
Financial Institution Name Branch

_____
Address City/State Zip Code

_____ _____
Routing Number Account Number

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

-or-

Please debit my: ❒ MasterCard ❒ Visa ❒ American Express ❒ Discover

_____ □□□□-□□□□□□-□□□□□ _____
Print Name as it appears on Card Card # Expires

Withdrawal Amount: $_____.00 ❒ Monthly ❒ Annually (in month of _____)

❒ This authority is to remain in full force and effect until _____ (month/year) or until the amount of the deduction totals $_____.

❒ This authority is to remain in full force and effect until Jewish Hospital & St. Mary's Foundation has received written notification from me (or either of us) of its termination in such time and manner as to afford both Jewish Hospital & St. Mary's Foundation and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____ _____
Print Individual(s) Name Signature

_____ _____ _____
Date Daytime Phone Email Address

_____
Address City/State Zip Code

Jewish Hospital & St. Mary's Foundation

Return To:
Jewish Hospital & St. Mary's Foundation
4500 Churchman Avenue, Suite 201
Louisville, KY 40215
(502) 361-6143 FAX (502) 361-6794