Authorization Agreement for Automatic Direct Debits Donation Plan

I hereby authorize The Foundation of the Pennsylvania Medical Society (the Foundation) to initiate debit entries to my Credit Card account indicated below. Each such debit shall be made on the _____ (day of month, i.e., 1st, 15th, 30th) of each month in the amount of $_____ per month. Each such debit shall continue on a monthly basis indefinitely or until the following Stop Date: _____.

Please complete the following information to authorize monthly debits from your Credit Card account:

Credit Card Type ❒VISA ❒MasterCard ❒American Express ❒Discover

Card Number | | | | | — | | | | | — | | | | | — | | | | |

Expiration Date _____ / _____ / _____

Name as it appears on card: _____

Please designate my gift to support the following Foundation program *(check one)*:

- ❒ Physicians' Health Programs
- ❒ Physicians' Health Programs Endowment
- ❒ Medical Student Loans
- ❒ Medical Student Scholarships
- ❒ Annual Fund/General Operating Support

This authorization is to remain in full force and effect until the above Stop Date or until THE FOUNDATION has received written notification from me of its termination in such time and in such manner as to afford THE FOUNDATION a reasonable opportunity to act on it. I have the right to stop payment of a debit entry by notification to THE FOUNDATION prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by THE FOUNDATION up to 15 days following issuance of statement or 45 days after posting, whichever occurs first.

Signature_____ **Date** _____

Name *(printed)* _____

Address _____ **Daytime Phone No.** (_____) _____

_____ **E-mail Address** _____

FOR FOUNDATION USE ONLY

Date Received_____ **Payment Received** _____ **Monthly Payment** _____

ADDDP Begins_____

The Foundation of the Pennsylvania Medical Society

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The official registration and financial information of The Foundation of the Pennsylvania Medical Society may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1 (800) 732-0999. Registration does not imply endorsement.