



CREDIT/DEBIT AUTHORIZATION FORM

I authorize The American Student Dental Association to initiate debit entries to our Chapter checking/savings account at the financial institution listed below. Funds will only be withdrawn upon approval from the appropriate chapter leaders. This authority will remain in effect until ASDA is notified by me in writing.

Please submit this form to ASDA's Dropbox at: <https://www.dropbox.com/request/1DCqgSI AVR4HTi T1tn7f>

(Name of Financial Institution)

(Signature) (Date)

(Name - PLEASE PRINT)

Financial Institution Routing Number (9 digits): _____

Checking/Savings Account Number: _____

These numbers are located on the bottom of your check as follows:

