

# Foundation Institute Enrollment

*Become a sustained supporter of foundation initiatives with your commitment to annual or monthly gifts!*

Name \_\_\_\_\_ Date \_\_\_\_\_



## AUTOMATIC WITHDRAWAL AUTHORIZATION\*

### Contribution Amount and Frequency

- ☐ Please withdraw \$ \_\_\_\_\_ MONTHLY beginning in \_\_\_\_\_ / \_\_\_\_\_  
Month / Year
- ☐ Please withdraw \$ \_\_\_\_\_ ANNUALLY beginning in \_\_\_\_\_ / \_\_\_\_\_  
Month / Year

*Select and enter automatic withdrawal preferred account information:*

☐ Credit Card  
*Authorization for  
Automatic Withdrawal*

**Type of Card (circle one): Visa - MasterCard - American Express - Discover**

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Three Digit # \_\_\_\_\_ Four Digit # \_\_\_\_\_  
(back of card for MC/Visa) (front of card for AMX)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Checking  
Account  
*Attach Voided Check*

## AUTHORIZATION FOR DIRECT PAYMENT

I authorize \_\_\_\_\_ (name) financial institution to initiate entries to my checking account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it.

On \_\_\_\_\_ (date) I authorize Iowa Pharmacy Association Foundation to initiate electronic entries to my checking account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to the address below.

**Iowa Pharmacy Association Foundation  
8515 Douglas Avenue, Ste 16  
Des Moines, IA 50322**

Authorized Signature: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*Withdrawals for your Foundation Institute contributions will continue until you choose to cancel. *To cancel*, please provide signed written notice to the Iowa Pharmacy Association Foundation, 8515 Douglas Avenue, Ste 16, Des Moines, Iowa 50322. If you have any questions please contact the IPA Foundation at [ipa@iarx.org](mailto:ipa@iarx.org) or (515) 270-0713.

Updated 04/06/2021