Rush Memorial Hospital Foundation Auto Deduct Form

I, _____agree to auto deduct from my checking account in the amount of $10, or other amount $_____on the 1st of every month for the next 12 months to Rush Memorial Hospital Foundation.

Checking account information:

Bank Name_____

Routing #_____

Account #_____

By signing, I am authorizing the RMH Foundation to auto deduct from my account for the duration of my pledge.

_____ _____

Signature Date