The Aesthetic Foundation

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THEAESTHETICFOUNDATION.ORG

The Aesthetic Foundation Breast Cancer Journey Assistance Fund

Required Data for Electronic Payments

Payee Information required:

1. Name (on account): _____
2. Address: _____
3. Phone number: _____
4. Email address: _____

Payee's Bank Information:

1. Bank name: _____
2. Bank address: _____
3. ACCOUNT NUMBER: _____
4. Bank ROUTING NUMBER: _____
5. Type of account (checking or savings): _____