

TransACT Hope Inc is pleased to announce that we are able to accept donations by direct deposit from your bank account. Simply complete this form and return it to: Collene Ottum, TransACT Hope Treasurer, PO Box 861, Stevens Point WI 54481-0861

Direct Payment Authorization Form: Fixed Payments

We are pleased to offer you a new service, the Direct Payment Plan. Now you can have your donation deducted automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of the service.

The Direct Payment Plan will help you in several ways.

- It saves time – fewer checks to write and mail.
- It saves postage
- It's easy to sign up, easy to cancel.

Here's how the Direct Payment Plan works:

You authorize regular scheduled donations to be made from your checking or savings account. Then just sit back and relax. Your donations will

be made automatically on the specified day. And proof of your donation will appear on your statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. The direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us

All you need to do is:

1. Mark the box for account type to indicate whether your payment will be deducted from your checking or savings account.
2. Fill in your name, financial institution name, and date of payment.
3. Please fill in your account number and routing number.
4. Attach a voided check for verification of all financial institution information.

NOTE: Be sure to sign the form!

Please complete the information below.

I/We (name(s)) _____
authorize TransACT Hope Inc to initiate monthly electronic debit entries to my:
checking account _____ (or) savings account _____
monthly amount \$ _____ date of payment _____

FINANCIAL INSTITUTION NAME (PLEASE PRINT) _____
ACCOUNT NUMBER AT FINANCIAL INSTITUTION _____
FINANCIAL INSTITUTION ROUTING NUMBER _____

DATE _____ SIGNATURE _____

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.