

Greater Kansas City Interfaith Council

Monthly Support Automatic Deduction Plan

We are pleased to offer you an automatic electronic contribution payment plan, directly through your own bank. This makes your monthly support very simple. Here's how it works: 1) You choose how much you would like to contribute each month (minimum of \$25 per month). 2) By completing and returning the form below (along with your voided check), you authorize regular contributions to be automatically deducted from your account. 3) Beginning on the month you designate (below) the bank will automatically deduct your pledge on the 5th of every month and deposit it to the Greater Kansas City Interfaith Council. 4) Proof of payment will appear on your monthly statement. 5) The authority you give to charge your account will remain in effect until you notify your bank to terminate authorization. 6) The Greater Kansas City Interfaith Council will issue a statement at the end of the year acknowledging your gift.

Please complete the authorization form and enclose it with a voided check along with the reply envelope provided. Thank you so much for your generous support!

AUTHORIZATION FOR DIRECT PAYMENT

I authorize the financial institution named below to initiate entries to my checking/savings 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. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

*** Staple Voided Check Here ***

_____	(NAME OF FINANCIAL INSTITUTION)	_____	(BRANCH)		
_____	(CITY)	_____	(STATE)	_____	(ZIP CODE)
_____	(SIGNATURE)	_____	(DATE)		
_____	(YOUR NAME - PLEASE PRINT)				
_____	(YOUR ADDRESS - PLEASE PRINT)				
Account No. _____	Checking _____	or Savings _____	(Check One)		
Financial Institution Routing Number: _____	(between these symbols ■ ■ on the bottom left of your check)				
Beginning on _____	(Month)				

I authorized the Greater Kansas City Interfaith Council to initiate monthly electronic transfers from my checking/savings account in the amount of: \$_____ (minimum of \$25 per month) and have agreed to the terms in the authorization. I may revoke my authorization at any time by writing to the address below.

Greater Kansas City Interfaith Council
P.O. Box 415 • Louisburg, Kansas 66053