­**TransAct Hope accepts donations by direct deposit from your bank account. Please complete this form and return it to the following address, or email it to transacthope@gmail.com.**

Collene Ottum, TransAct Hope Treasurer

2501 Nebel St. Trailer 408

Stevens Point, WI 54481-5362

Direct Payment Authorization Form

**Here is how the direct payment plan works:** You authorize regularly scheduled donations to be made from your checking or savings account. 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 request in writing that we terminate the authorization.

**To begin setting up a direct deposit plan, complete the form below. *Please print*.**

I/We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name), authorize TransAct Hope, Inc. to initiate monthly electronic debit entries to my:

Checking account \_\_\_\_\_\_ Savings account \_\_\_\_\_\_\_ (check one)

Monthly amount: $\_\_\_\_\_\_\_\_\_\_

Date of payment: \_\_\_\_\_\_\_\_\_\_\_

Financial institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 canceled it in writing.

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

**Please return this form with a** **voided check for verification of all financial institution information. Thank you!**