



SIGNING UP FOR A DIRECT PAYMENT PLAN (ACH DEBIT) THROUGH CHOSEN FOR LIFE MINISTRIES

Chosen for Life Ministries is pleased to offer you an extremely easy way to donate where every cent you give goes directly to our organization. Through this Direct Payment Plan, your donation can be automatically deducted from your checking or savings account and deposited directly into ours!

The Direct Payment Plan will help you **AND US** in several ways:

- It will save you time and money!
 - o Fewer checks for you to write and mail, as well as less postage used.
- Every dime of your donation gets to us!
 - o Credit card and online fees can amount to more than 3% of what you give not getting to CFLM.
- It is easy for you to sign up, and easy to cancel.
 - o Just fill out and submit this form, and call us with any changes in the future.

Here is how Direct Payment Plan works:

You authorize regularly scheduled donations to be made from your checking or savings account. Then just sit back and relax. Your donations will be automatically drafted on the 15th of each month (or the next available banking day if the 15th falls on a non-banking day), and they will appear on your bank statement as deposited to Chosen for Life Ministries, Inc.

The authority you give us to debit your account will remain in effect until you notify us in writing to terminate the authorization. If the amount you would like to donate changes, simply let us know in writing. The Direct Payment Plan is dependable, flexible, convenient, and easy. *The authorization form, which is provided, gives you or your company and your financial institution authority to debit your donations directly from your account.*

To donate through the Direct Payment Plan, complete the attached authorization form and return it to:

Chosen for Life Ministries
Attn: Anna Bearden
1410 Greensboro Hwy, Ste A
Watkinsville, GA 30677

Form Directions:

- 1) Check the box (checking or savings) next to the type of account from which you would like your donation to be deducted.
- 2) Enter the amount you would like deducted each month in the "for donations in the amount of _____" space (i.e., If you want to donate \$1,200 a year, enter \$100 in the space).
- 3) Provide your bank/depository's street address, city, state, and zip.
- 4) List your Transit Routing Number and Account number in the spaces indicated AND attach a voided check.
- 5) List the date of your first draft (the upcoming 15th of the month). Please ensure CFLM has at least one week's notice to submit your request. If we are unable to draft your account on the date you requested, we will contact you to let you know the date of your first draft.
- 6) SIGN THE FORM.

AUTHORIZATION FOR DIRECT PAYMENT (ACH DEBIT)

COMPANY NAME: CHOSEN FOR LIFE MINISTRIES, INC.

I (we) hereby authorize Chosen for Life Ministries, Inc. (COMPANY) to electronically debit my (our) account [and, if necessary, electronically credit my (our) account to correct erroneous debits as follows:

(check one of the following)

Checking Account

Savings Account

for donations in the amount of _____ on the 15th of every month (or the next available banking day if the 15th falls on a non-banking day)

at the depository financial named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name _____

Depository City _____ State _____ Zip _____

TRANSIT ROUTING NUMBER

ACCOUNT NUMBER

NOTE: Only 9 digits in Routing numbers

Start Date (mm/dd/yyyy): ____ / 15 / 20____

I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law. I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY by written notification that I (we) wish to revoke this authorization in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to cancel this authorization. I duly certify that I am an authorized signer of said account and have the right to enter into this agreement.

Printed Name(s) _____

Signature(s) _____

Date _____

**Attach a voided check to this form.*