

Lighthouse Pregnancy Resource Center

Direct Contributions Authorization Form

Lighthouse is pleased to offer a convenient service – the Direct Contributions Plan – that enables you to provide monthly LIFE SUPPORT automatically and conveniently from your checking or savings account.

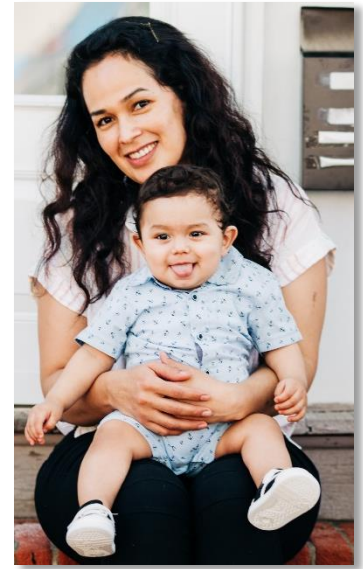
Our plan uses Automated Clearing House Transfer (ACH Transfer) to:

- Save you time and checks
- Keep your support of Lighthouse's life-enhancing work consistent throughout the year
- Allow you to make changes to your giving easily

How to get started:

Complete the form below to authorize regularly scheduled contributions to Lighthouse Pregnancy Resource Center from your checking or savings account and **return it to us with a voided check**. Your payments will be made automatically on the 15th of every month. Proof of payment will appear with your statement.

The authority you give to charge your account will remain in effect until you notify us in writing to modify or terminate the authorization. Changes to the amount of your contribution must be received by our office 10 days before the contribution date. Thank you for partnering to bring love to life!



AUTHORIZATION FOR DIRECT CONTRIBUTIONS

I authorize Lighthouse Pregnancy Resource Center to initiate entries to my checking or savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford Lighthouse a reasonable opportunity to act on it. I can stop my contribution by notifying my financial institution 3 days before my account is charged.

(NAME OF FINANCIAL INSTITUTION) (BRANCH)

(CITY) (STATE) (ZIP CODE)

(SIGNATURE) (DATE)

(FULL NAME – PLEASE PRINT)

(ADDRESS – PLEASE PRINT)

AMOUNT OF CONTRIBUTION: \$ _____ TO BE TAKEN MONTHLY

E-MAIL: _____ (Lighthouse will email your receipt to this address.)

Account Information: Please use my Checking Account Savings Account

TRANSIT ROUTING NUMBER

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ACCOUNT NUMBER

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RETAIN FOR YOUR RECORDS

On _____ (date), I authorized Lighthouse PRC, at 297 Lafayette, Hawthorne, NJ, to initiate electronic entries to my checking or savings account and have agreed to the terms listed on the authorization. I may revoke my authorization at any time by writing to:

 **LIGHTHOUSE**
pregnancy resource center
PO Box 227 • Hawthorne NJ • 07507