



...helping people affected by HIV/AIDS live well...

[www.friendsforlifecorp.org](http://www.friendsforlifecorp.org)

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43 North Cleveland

Memphis, TN 38104

We are pleased to offer you a new option for making your donation 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 this service.

**The [Direct Payment Plan](#) will help you in several ways:**

- It saves time – fewer checks to write.
- Helps meet your commitment in a convenient and timely manner even if you're on vacation or out of town.
- It saves postage.
- It's easy to sign up for, easy to cancel.

**[Here's how the Direct Payment Plan works:](#)**

You authorize regularly scheduled donations to be deducted from your checking or savings account. Then, just sit back and relax. Your donations will be made automatically on the specified day. And your donation will appear on your checking or savings account statement. The authority you give to debit 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 before type of account to indicate whether your donation will be deducted from your checking or savings account.
2. Fill in your name, financial institution name and location, and date.
3. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number.

**[NOTE: Be sure to sign the form!](#)**

**AUTHORIZATION FOR DIRECT PAYMENT**

I authorize (insert company name) \_\_\_\_\_ Friends For Life, Corp \_\_\_\_\_ to initiate electronic debit entries to my: \_\_\_\_\_ checking account or \_\_\_\_\_ savings account for my donation.

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.

**[Staple Voided Check Here](#)**

Date \_\_\_\_\_

Financial Institution Name (Please Print) \_\_\_\_\_

Account Number at Financial Institution \_\_\_\_\_

Financial Institution Routing/Transit Number \_\_\_\_\_

Financial Institution City and State \_\_\_\_\_

Signature \_\_\_\_\_

**[PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS](#)**