



BROOKINGS BACKPACK PROJECT

"Feeding hope, one child at a time"

Brookings Backpack Project • c/o Brookings United Church of Christ
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BBP Direct Payment Plan

The BBP Direct Payment Plan will save you time, with fewer checks to write. It will save you postage. It will save you hassles, since it's easy to sign up for, easy to trust and easy to cancel. *But most of all, it will give you the satisfaction of knowing that you're helping the children of Brookings grow stronger.*

🍎 **Here's how it works.** First, be aware that by donating a total of \$225 you can sponsor a child in the Brookings Backpack Project for the entire 2009-2010 school year. Now, with this in mind, decide how much money per month you would like to donate to BBP. Then authorize donations to be made automatically from your checking or savings account on the twentieth of each month. It's that simple. Proof of payment will appear on your financial statement.

The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. If you ever wish to change the amount of your donation, please notify us 30 days in advance of the desired change. You can stop payment of any entry by notifying your financial institution 3 days before your account is charged.

🍎 **Here's how to enroll.** Just complete the authorization form at the bottom of the page, then detach and return it to us *along with a voided check*. We'd also recommend that you fill in the "For Your Records" box below and keep this information for future reference. Thank you for your support!

For your records: On _____ (date), I authorized the Brookings Backpack Project to initiate electronic entries to my checking/savings account (circle one) at _____ (financial institution) and have agreed to the terms listed in the authorization. I may revoke my authorization with BBP at any time by writing to the address on the letterhead. My donation of \$ _____ per month will be deducted on the 20th of each month, starting in _____ (month).

Authorization for Direct Payment to BBP

I authorize Brookings Backpack Project and the financial institution named below to initiate debit/credit entries to my checking/savings account. The authority will remain in effect until I notify BBP 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. I understand that there may be a fee charged by my financial institution for any stop payment I authorize. By signing this authorization I hereby acknowledge receipt of a copy of this signed authorization.

Print Name _____ Phone # _____

Print Address _____ Email (if any) _____

Financial Institution or Business _____ Street, City, State, Zip _____

Amount of Monthly Deduction: \$ _____ Month/Year in which deductions are to begin: _____

Account Number to Deduct from (select one): Checking _____ Savings _____

Financial Institution Routing Number (located between the |: symbols on bottom left corner of check): _____

Signature _____ Date _____

🍎 **Please remember to attach a voided check.** 🍎