

The Little Light House of Central Mississippi, Inc.

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS

Bank Draft

(Complete this section if you are requesting monthly giving by Bank Draft.)

NAME: _____ PHONE: _____
(as it appears on financial institution records)

ADDRESS: _____ CITY: _____ ZIP: _____

FINANCIAL INSTITUTION NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

TRANSIT/ABA#: _____ CHECKING ACCOUNT # _____

I hereby authorize the Financial Institution named above to pay my monthly contribution in the amount of:

\$ _____ on the 1st or the 15th *(please check one)*

of each month by charging each payment to my account and to make that deduction payable to the order of the Little Light House of Central MS, Inc. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification prior to charging my account. I understand, however, that both the Financial Institution and the Little Light House of Central MS, Inc. reserve the right to terminate this payment plan (or my participation therein).

DATE: _____ SIGNATURE: _____
MM/DD/YYYY

NOTE: Please return this authorization with a VOIDED check.

Credit Card Contributions

(Complete this section if you are requesting monthly giving by Credit Card.
Payments will be drafted around the 1st of the month.)

Monthly Credit Card Donation *(Visa/MC only)*

Credit Card Contribution: Name on Card _____ Phone No. _____

Billing Address _____

Type of Card _____ Credit Card Number: _____

Exp. Date _____ Security Code _____ Monthly Contribution \$ _____

I authorize the Little Light House to draft my account according to this agreement monthly. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification prior to charging my account.

Signature _____

**Thank you for your kind and appreciated contribution. Please direct your questions to 601-829-3446 or return to:
The Little Light House
P.O. Box 4392
Brandon, MS 39047**