

The Little Light House 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 Central MS, Inc. I agree that each payment shall be the same as if it were an instrument personally signed by me. The 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 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.
Payment will be drafted around the 1st of the month.)

Monthly Credit Card Donation (Visa/MC only)

Credit Card Contribution: Name on Card _____ Phone: _____

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 601-956-6131. Return form to:

The Little Light House
Attn: Ann Pettit
P. O. Box 13662
Jackson, MS 39236-3662