Direct Payment Authorization Form: Fixed Payments

We are pleased to offer you a new service: the Direct Payment Plan, which allows you to have your donation deducted automatically from your checking or savings account. You won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan:
- Saves time with fewer checks to write.
- Helps you make your donation in a convenient and timely manner, even if you're on vacation or out of town.
- Reduces the cost of handling for both you and us.
- Saves postage – many people spend close to $100 a year on postage.
- Is easy to sign up for and easy to cancel.

Here's how the Direct Payment Plan works:
You authorize regularly-scheduled payments to be made from your checking or savings account. Your payments will be made automatically on the specified day and proof of payment will appear on your bank statement.

The authority you give to charge 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 authorization form below and return it to us.

All you need to do is:

1. Mark the box for checking or savings account.
2. Fill in your name, the name and location of your financial institution, and today's date.
3. Attach a voided check or copy of a voided check for verification of financial institution information. If you are unable to attach a voided check, please fill in your bank's routing and account numbers.
4. Sign the form and return it to:
   Benton County Democrats
   PO Box 636
   Richland, WA 99352

Please complete the information below.

I authorize The Benton County Democratic Central Committee (BCDCC) to initiate electronic debit entries to my:

☐ Checking account   ☐ Savings account

Amount to be deducted each month	Until this amount is reached	OR	A one-time donation of
$_____	$_____		$_____

Please mark the date you would like your deduction to be made:

☐ 15th of the month   ☐ Last business day of the month

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I understand that unless I specify a maximum total gift amount, this authorization remains in effect and the BCDCC will continue deducting the specified monthly amount. This authority will remain in effect until I have cancelled it in writing.

Date _____

Name of Bank Account Holder _____

Financial Institution Name _____

Branch (city and state) _____

Account Number _____

Routing Number (first 9 digits on check) _____

Signature _____