

VANTAGEPOINT³
a commitment to deeper growth

Authorization Form for Direct Payment

Direct Payment

Your donations are made through pre-authorized withdrawals from your bank account.

How Do I Participate?

Simply complete this form (making sure to keep a copy for your records), and return it, along with a voided check or savings deposit slip, to VantagePoint3, Attn: Kay Hodges, 2109 S Norton Ave, Sioux Falls SD 57105

Kay Hodges can be reached at **(605) 362-1165** if you should have any questions regarding your donations.

First Name _____ Last Name _____

Name of Business (if applicable): _____

Address _____ City _____ State _____ Zip Code _____

Phone # _____ E-mail address _____

Check the appropriate box:

New Enrollment/Authorization Change in Authorized Amount Change in Account

Payments should be taken from:

Checking (attach a voided check) Savings (attach a savings deposit slip)

What type of account is this? Personal or Business (please circle one)

Routing Number (nine digits in length) _____

Account Number _____

I wish to schedule ongoing recurring payments of \$ _____ to be debited from my account
(mid-month or end of month – select one) beginning: _____.

I authorize VantagePoint3 Ministries to automatically withdraw donations from my account (as detailed above). I have attached a voided check or savings deposit slip. This authority will remain in effect until notification from me to change or terminate (which must be 5 days prior to the next scheduled debit. Instructions to change or terminate should be mailed to: VantagePoint3 Ministries, 2109 S Norton Ave, Sioux Falls, SD 57105 or emailed to kay@vantagepoint3.org.)

Authorized Signature _____

Date _____