

VANTAGEPOINT<sup>3</sup>  
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, 2104 S Summit 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 action:**

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 check 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, 2104 S Summit Ave, Sioux Falls, SD 57105 or emailed to [kay@vantagepoint3.org](mailto:kay@vantagepoint3.org).)*

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_