

Automatic Payment Plans for Charitable Gifts

Thank you for considering investing in the Boys and Girls Club of the Bemidji Area (BGCBA). We are pleased to be able to offer you a new service—the Automatic Payment Plan. Now you can have your recurring contributions paid automatically from your bank account with ease and certainty knowing you are supporting quality year-round programs for Bemidji youth! You don't have to change your present banking relationship to take advantage of this service. It is dependable, convenient and easy. To take advantage of the Automatic Payment Plan, complete this form and mail it or fax it to the Boys and Girls Club of the Bemidji Area.

The Automatic Plan will help you in several ways:

- It saves time; fewer checks to write and no postage.
- It helps you meet commitments in a convenient and timely manner even when you are on vacation or out of town.
- It is easier on your budget in those cases where smaller recurring payments can now be made instead of one lump sum contribution.
- It provides you with one end-of-year statement of your total contributions to the Club.
- It also allows you to contribute monthly to support quality year-round youth programs.

Here's how the Automatic Plan works:

- You authorize regularly scheduled payments to be made from your checking account. Your payments will be made automatically on the last business day of the month. Proof of the payment (contribution) will appear on your bank statement.
- The authority you give to charge your account will remain in effect until you notify the BGCBA.
- If you would like to change the amount of your contributions, then simply fill out this form with the change and send to the BGCBA.

I authorize **THE BOYS AND GIRLS CLUB OF THE BEMIDJI AREA** and the bank named below to initiate withdrawals from my checking or savings account. This authority will remain in effect until I notify the BGCBA in writing to cancel it in such time to afford the bank a reasonable opportunity to act on it. All notifications received before the 20th of the month will stop payment during that current month; all notifications received after the 20th will stop payment the end of the next month. Thank you!

Please choose one of the options to the right and then fill out the remainder of the form in order to complete processing.

| | | |
|--|--|--|
| <input type="checkbox"/> New Contribution Amount Withdrawn Per Month \$ _____.00 | <input type="checkbox"/> Change Contribution Start Date _____ Old Amount \$ _____.00 New Amount \$ _____.00 | <input type="checkbox"/> Stop Contribution Start Date _____ |
|--|--|--|

Please enclose a voided check with this completed form. Thank you!

(Today's date)

(Name of your financial institution)

(Address of your financial institution)

(City)

(State)

(Zip)

(Signature)

(Printed Name)

(Your Address)

(City)

(State)

(Zip)

OR

(Checking Account No.)

(Savings Account No.)

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Routing Number (at the bottom of your check)

For Office Use Only:

(New) Start Date _____
 BG Scanned _____
 CV Processed _____