



Direct Payment Plan

FBP is pleased to offer you a new option for making a donation—**Direct Payment Plan**.

Now you can opt to have your donation deducted automatically from your checking or savings account. And you don't need to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

- Saves time—fewer checks to write.
- Helps meet your commitment in a convenient and timely manner—even if you're on vacation or out of town.
- Saves postage.
- Easy to sign up for, and easy to cancel.

Please fill out the form and return to:
Fighting Back Partnership
Direct Payment Plan
505 Santa Clara St, Third Floor
Vallejo, CA 94590

How does the Direct Payment Plan work?

You authorize regularly scheduled monthly donations to be deducted from your checking or savings account. Your donations will be made automatically on the specified day. Your donation will appear on your checking or savings statement. The authority you give to debit 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. If you have any questions, please call 707-651-7183.

What do I need to do?

1. Mark the box before type of account to indicate whether your donation will be deducted from your checking or savings account.
2. Fill in your name, financial institution name and location, and date.
3. **Attach a voided check for verification** with all financial institution information. If you are unable to attach the voided check, please include your account number and routing number.

Note: Don't forget to sign the form!

Authorization for Direct Payment

I authorize Fighting Back Partnership to initiate monthly electronic debit entries to my:

check one Checking Account____ or Savings Account____

In the amount of \$_____

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Date _____

Day of the month that you want the money taken out of your account_____

Financial Institution Name (Please print)_____

Account Number at Financial Institution_____

Financial Institution Routing/Transfer Number_____

Financial Institution City and State_____

Signature_____

FEDERAL TAX ID 68-0298092 501C3 NON PROFIT
PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS