

# Authorization Agreement for Automatic Debits of Donations

I (We) hereby authorize Prison to Purpose, P.O. Box 158, Patterson, Arkansas 72123, to initiate a monthly debit entry in the amount(s) listed below from the account at the financial institution named below and authorize the institution to debit the below named account for the same. This authorization is to remain in full force and effect until I/we notify Prison to Purpose in writing to terminate the deduction.

Your Name(s) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime phone \_\_\_\_\_ E-mail\* \_\_\_\_\_

\*Your e-mail address will be used to notify you of debits to your account.

## Financial institution

\_\_\_\_\_

Phone \_\_\_\_\_ Type of account:  checking  savings

Routing number\* \_\_\_\_\_ Account number\* \_\_\_\_\_

\*If you are unsure of the correct routing and account numbers, please check with your financial institution.

I (We) would like to donate to Prison to Purpose the following amount per month: \$ \_\_\_\_\_

Please make transfers on the  1st or  15th of the month, beginning (month/year): \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature\* \_\_\_\_\_ Date \_\_\_\_\_


\*Two signatures are required if the account requires two signatures on checks or withdrawals.

## Please remember to:

- Include a voided check.
- Include a copy of a government issued ID (driver's license).
- Keep a copy of this form for your records.
- Mail the signed original to: Prison to Purpose, P.O. Box 158, Patterson, AR 72123.

*If you have any questions regarding this EFT form, need to change your contributions or if you change your financial institutions, contact us at: [orders@prisonpurpose.com](mailto:orders@prisonpurpose.com) or call 417-592-0088.*

**Thank you!**

PRISON  PURPOSE