



Direct Payment Authorization Form

_____ Yes! I want to take a place at *The Family Table*, giving a monthly gift to Hastings Family Service to provide a stable source of help and hope to my community!

I authorize Hastings Family Service to withdraw \$_____ monthly from my checking/savings account. My voided check is enclosed.

Withdrawals will be made on or about the 15th of each month, beginning the first month after this authorization is received. I may revoke my authorization with Hastings Family Service at any time by writing to the address below.

_____ I/We appreciate being listed as members of The Family Table.

_____ I/We prefer to remain anonymous.

Signature _____ Date _____

To set up a monthly gift or make a donation online, use the QR code or visit www.hastingsfamilyservice.org



Please return this document with your voided check to Hastings Family Service.

Hastings Family Service
301 Second Street East
Hastings, MN 55033
651-437-7134



Hastings Family Service
HELP AND HOPE SINCE 1970