



# Hastings Family Service

## Direct Payment Authorization Form

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

I/We, \_\_\_\_\_, authorize  
(Names)

Hastings Family Service  
301 Second Street East  
Hastings Minnesota 55033  
(651) 437-7134

to electronically debit \$ \_\_\_\_\_ monthly from my checking/savings account.

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number \_\_\_\_\_

Name on the account \_\_\_\_\_

Withdrawals will be recurring and made on or about the 15<sup>th</sup> 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 above. I understand that HFS needs at least 10 days prior notice to cancel this authorization. I/We agree that ACH transactions I (we) authorize comply with the laws of the United States and all applicable law.

**A voided check from the account I wish to use is enclosed.**

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

I/We prefer to remain anonymous.

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

**Please return this document with your voided check to the address above. Keep a copy for your records. Thank you!**