



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 withdraw \$_____ monthly from my checking/savings account.

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 above.

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!