



Junction City: 245 W 6th Ave., Junction City OR 97448 Ph: 541.998.7920 Bus Ph: 541.998.0109
 Cottage Grove: 1238 S 6th, Cottage Grove OR 97424 Ph: 541.942.2333 Bus Ph: 541.942.2746
 Eugene: 142 E 13th, Eugene OR 97401 Ph: 541.345.0400 Bus Ph: 541.485-8662
 Springfield: 819 A St, Springfield OR 97477 Ph: 541.744.3303 Bus Ph: 541.744.3809

Direct Deposit Giving Authorization

We are pleased to offer you a simple way to give to LANE PREGNANCY SUPPORT CENTER – the direct deposit. Now you can have your gift deducted automatically from your checking or savings account.

SIMPLY complete and return this form along with a **VOIDED CHECK** and your monthly contribution will be automatically deducted from your account on the specified day. Proof of your recurring monthly gift will appear on your statement.

The authorization you give to charge your account will remain in effect until you notify us in writing to cancel the authorization. This is secure, dependable, flexible, and easy.

AUTOMATIC DEBIT AUTHORIZATION FORM		
Company Name: LANE PREGNANCY SUPPORT CENTER		Date:
I (We) authorize Lane Pregnancy Support Center, "Company", to initiate debit entries to my (our) _____ checking _____ savings account		
indicated below at the depository financial institution named below, "Depository", and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.		
Bank Name:	Branch:	
City:	State/Zip:	
Routing Number:	Account Number:	
Name on Account:		
Monthly Contribution Amount:		
Date to be Withdrawn Monthly:		
<i>This authorization remains in full force and effect until COMPANY has received written notification from me (or either of us) of its cancellation in such time and manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.</i>		
Names:	Date:	
Signature(s):		
Note: All written debit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in the authorization.		
For office use:	Date initiated:	By:
	Date Cancelled:	By:
Notes:		

Please send this signed form along with a voided check to:

Lane Pregnancy Support Center

142 E. 13th

Eugene, OR 97401

Celebrating Life

Feel free to call with any questions: (541) 485-8662