



The Arc of Clark County

Helping People Achieve a Lifetime of Success.™

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Direct Giving Authorization Form

We are pleased to offer you a new service—the **Direct Giving Plan**. Now you can have your monthly gift, of any amount, deducted automatically from your checking or savings account.

Here's how the Direct Giving Plan works: You authorize your regularly scheduled gifts to be made from your checking or savings Account.

Then just sit back and relax. Your gifts will be given on the specified day. And proof of payment will appear on your statement. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization.

The Direct Giving Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the attached authorization form and return it to us.

All you need to do is:

1) Mark the box before type of account to indicate whether your gift will be deducted from your checking or savings account.

2) Fill in your name, financial institution name and location, and date.

3) Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number.

NOTE: Be sure to sign the form!

Your donation is 100% tax-deductible to the extend allowed by law. Thank you!

Please complete the information below.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I authorize The Arc of Clark County to initiate electronic debit entries from my: _____ checking account (or) _____ savings account for my monthly gift of \$ _____ to be given on the 1st _____ and/or 15th _____ of each month.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have canceled it in writing.

Date _____

FINANCIAL INSTITUTION NAME (PLEASE PRINT) _____

ACCOUNT NUMBER AT FINANCIAL INSTITUTION _____

FINANCIAL INSTITUTION ROUTING NUMBER _____

FINANCIAL INSTITUTION CITY AND STATE _____

SIGNATURE _____
