



Heartspring Bank Authorization Form

This form authorizes Heartspring to deduct your giving through automatic bank draft. Payments will process on or around the 1st or 15th of the month as indicated below. You have two payment options:

- **Installment Plan** refers to a pledge of \$75 or more and \$15 minimum payment, to be paid in monthly installments.
- **Recurring Gift Plan** is a continuing monthly contribution (\$15 minimum). Under the sustaining plan, the payments continue until Heartspring receives a written notification to stop.

Please read, complete, sign and date the following and mail to: Heartspring
 Attn: Development Department
 8700 East 29th Street North
 Wichita, KS 67226

If you'd prefer to donate with a credit card (securely), please visit www.heartspring.org/donate.

Name _____ Phone (____) _____

Address _____

City _____ State _____ ZIP _____

Email _____

Indicate fund/program name to support _____

Choose a Payment Plan

Installment Plan

Total pledge amount \$ _____

Installment amount \$ _____

Start date: ____/____ mm/yy

Withdrawal date: 1st of month 15th of month

Monthly Bi-monthly Quarterly

**Bi-monthly: your installment will process on or around the 1st and 15th of each month.*

Recurring Gift Plan

Recurring gift amount \$ _____

Start date: ____/____ mm/yy

Monthly Bi-monthly Quarterly

Withdrawal date: 1st of month 15th of month

**Bi-monthly: your gift will process on or around the 1st and 15th of each month.*

Payment Information

Bank Draft

Attach voided check, complete account info and sign below.

Bank name _____ ABA routing # _____

Checking Account Savings Account Account # _____

The bank named above is authorized to honor drafts on my account by Heartspring for the purpose and amount specified.

Signature _____

Date _____