



Artists for Community Transformation Int'l

Automatic Bank Account Deduction Plan

Not only is the A.C.T. auto bank draft program the easiest way to help support our staff and departments, it ensures that more of your money goes directly to the cause because of reduced administrative costs.

How it works

You can enroll at any time, change your designated gift at any time and cancel your participation at any time. All changes of status must be made in writing. The minimum donation is \$5 each month. You choose to have your contribution drawn on either the 5th or the 20th of the month. You will receive a confirmation letter acknowledging your participation in the monthly gift program. A record of your monthly gift will show up on your bank statement, and you will receive a monthly receipt from us as well, making it easy to maintain your records for financial and tax purposes. If your bank account has insufficient funds for your monthly pledge, we'll send a letter notifying you the transfer did not take place. The program is both safe and convenient. All electronic payments are federally regulated for your protection.

How to sign up

1. Complete the reply form below, indicating the amount you wish to contribute each month and the checking or savings account number from which you wish to have your donation drawn.
2. Select the day of the month (either the 5th or 20th) you want the contribution made.
3. Be sure you've printed your name and address clearly.
4. Sign your name and fill in the date.
5. Place the completed form in the envelope provided, along with a VOIDED CHECK from your personal checking account or a DEPOSIT SLIP from your savings account, and mail it to:

A.C.T. International
PO Box 1966
Brentwood, TN 37024

Automatic Donation Authorization

I authorize Artists for Community Transformation and the financial institution named below to charge my account each month the amount shown below (this includes my authorization for A.C.T. to reverse any charges made in error). This authority will remain in effect until I give written notice to change the amount or withdraw from the service. I understand that all changes of status to this agreement take three to six weeks to be processed.

PLEASE PRINT

Amount Per Month \$ _____ (\$5.00 minimum, U.S. funds only) Monthly withdrawal date: 5th or 20th

A.C.T. department to which you are donating: _____ MATSONIA Checking Savings

Signature (*required*) _____ Date Signed _____

Name (as it appears on your bank account) _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____ E-mail _____

Information about your financial institution

Bank Name: _____ Account Number: _____

Bank Address: _____ Bank Phone: _____

City: _____ State: _____ Zip: _____