Direct Debit From Your Bank Account

Most of the financial support given to IDEAS workers is sent on a regular basis. Through our Direct Debit program you can save the time and trouble of writing checks, paying for stamps, and mailing your gift on time. Your contribution will be automatically deducted from your bank account. Direct Debit is a free service and it is designed to keep you in control. In fact, you maintain the same control as with writing a check. At any time, by simply notifying us, you may change your donation amount, cancel your donation, or change bank accounts. By participating in Direct Debit your gifts will be received safely and promptly. And, as always, a receipt will acknowledge each donation.

To enroll in Direct Debit please follow these steps:

1. Complete the Authorization Form below and send it to us along with a check marked "VOID". The check will provide us with the necessary banking information.
   Note: Your account must have checking privileges.
2. Since it will take approximately four to six weeks to activate your Direct Debit account, you may want to also send along your next month's gift check.
3. Mail the Authorization Form, your voided check, and your next month's gift check to: *IDEAS,* 7931 *S. Broadway # 296, Littleton, CO 80122-2710.*

- - - detach and mail ---------- detach and mail - - -

A U T H O R I Z A T I O N F O R M

I/We hereby authorize IDEAS to arrange automatic deductions from my/our bank account on the ____**10th** or ____**22nd** of each month. My/Our contribution is to be used for the following designation(s):

$_____ _____
(Designation / Worker)

$_____ _____
(Designation / Worker)

$_____ _____
(Designation / Worker)

$_____ _____
(Designation / Worker)

My/Our gift total is $_____ per month, beginning _____/_____ (Month/Year).

IDEAS
7931 S. Broadway # 296
Littleton, CO 80122-2710

Ph: 720-283-9100 Fax: 720-283-9300
E-mail: ideasoffice@ideasworld.org
www.ideasworld.org

Name _____

Address _____

_____

City/State/ZIP _____

Phone _____

E-mail address _____

Please show signature(s) below as required on checks issued against account. Note: Your account must have checking privileges.

_____
Signature Date

_____
Signature Date

This form is also available on our website: **www.ideasworld.org**