

Electronic Funds Transfer - Direct Payment Authorization Form



Servants Disaster
Of Relief
St. Camillus Services

Witnessing to the Merciful Love of Christ
for the Poor and the Sick in Disasters

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CTF Philippines

CTF Vietnam

CTF Kenya

CTF Indonesia

CTF India

SOS DRS is pleased to make a new service of electronicpayments.org available to you our donor. Now you can have your donation deducted automatically from your checking or savings account. And, you won't have to change your present banking relationship to take advantage of this service.

The Direct Payment Plan will help you in several ways:

1. It saves time – fewer checks to write and mail.
2. Helps pay your bills in a convenient and timely manner – even if you're on vacation or out of town.
3. Your donation is always on time.
4. It saves postage.
5. It's easy to sign up for, easy to cancel. No late charges.

Here's how the Direct Payment Plan works:

You authorize regularly scheduled donations to be made from your checking or savings account. Then, just sit back and relax. Your payments will be made automatically on the specified day. And proof of the donation 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 Payment 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 payment 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.

Please complete the information below.

NOTE: Be sure to sign the form!

I authorize (**Servants of Saint Camillus Disasters Relief Services**) to initiate electronic debit entries to my:

___ checking account (OR) ___ savings account

for payment of my _____ (donation).

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 cancelled it in writing.

FINANCIAL INSTITUTION NAME (PLEASE PRINT) _____

ACCOUNT NUMBER AT FINANCIAL INSTITUTION _____

FINANCIAL INSTITUTION ROUTING NUMBER _____

FINANCIAL INSTITUTION CITY AND STATE _____

SIGNATURE _____ Date _____

Please fax to **414-431-6504** or send by mail to: SOS DRS, 1039 East Russell Avenue Milwaukee, WI 53207

For any questions call 414-431-6503 or toll-free at 877-537-6737