AD

Staple Voided Check or Savings Account Information Here (Must Match Section 3).

ORGANIZATION FACTS ID#
01008

FACTS Management Co.

DONOR AUTOMATIC PAYMENT AGREEMENT

AGREEMENT NO.

1. ORGANIZATION NAME: **Divine Mercy House**

2. RESPONSIBLE PARTY: Please complete all information requested.

Name (First / Last)

Address

City State Zip

Daytime Phone # – –

Evening Phone # – –

ID # (for organization use only)

3. PAYMENT METHOD: (choose Automatic Bank Payments)

A. Automatic Bank Payments

❒ **Checking** ❒ **Savings** — **If one is not selected, checking account will be used. Do NOT use a passbook type savings account.**

FOR CHECKING ACCOUNTS: **ATTACH A VOIDED CHECK NO DEPOSIT SLIPS PLEASE.**
FOR SAVINGS ACCOUNTS: **PROVIDE SAVINGS ACCOUNT NUMBER.**

Bank Name

Routing Number

Account Number

(Non-business accounts only. Please verify with your financial organization that the account listed allows automatic payments.)

Bank Phone # – –

City State

4. PAYMENT TERMS:

Payment Date ❒ 5th or ❒ 20th (If one is not selected, the 20th will be used.)

Month of First Payment **Month** **Year**

Total Balance Due $, .

Number of Payments

Amt. of Each Payment $, .

FACTS Management Company (FACTS), Lincoln, NE has contracted with the organization identified in Section 1 of this agreement to act as its agent for the collection of donor contributions. FACTS will set up automatic payments as per the information provided and will continue until the total balance owed is paid in full. **I authorize FACTS Management Company to initiate debit entries to the account provided in Section 3 and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.** This agreement in no way should be construed to be a lender-borrower agreement between FACTS and the Organization or FACTS and the responsible party who signs this agreement. If the Organization and responsible party agree to terminate the agreement, FACTS will immediately terminate, upon receipt of a signed, written notification, or e-mail from the responsible party. Notification must be received ten (10) days in advance of the next scheduled payment date. In the event that I am not the responsible party named in Section 2 then I shall be deemed to be the responsible party for all purposes under this Agreement.

(X) _____ / /

Signature required by person who is an authorized signer on the account listed in Section 3. Date

_____

Please print name of person who signed above

AD

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