



**Authorization for Direct Payment**

I (we) authorize Fly Fish for Life to initiate on the 20th of each month an automatic withdrawal from my (our) account described below:

Amount of gift: \_\_\_\_\_

Checking Account No: \_\_\_\_\_

Or Savings Account No: \_\_\_\_\_

Financial Institution's Name: \_\_\_\_\_

Financial Institution's Address: \_\_\_\_\_

Please attach a voided check or a savings account deposit slip. This authority is to remain in full force and effect until Fly Fish for Life has received written notification of its termination and they will act on the request in a timely manner.

As a non profit organization having filed for 501(c)(3) public charity status, you will receive an acknowledgement for your gift that can be used for tax purposes.

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Daytime Phone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Joint Account Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

This completed form along with a voided check or a savings account deposit slip must be mailed to:

Fly Fish for Life  
11020 S. Pikes Peak Dr.  
Parker, CO 80138

Please expect approximately 2-3 weeks for your automatic withdrawal to be set up.