# Direct Payment Enrollment Form for Sustaining Donations

Thank you for supporting **[Insert your organization name]** by using Direct Payment to make a sustaining donation. With Direct Payment, more of your contribution goes to a cause you care about.

Please complete the following information. You can also enroll online at **[Insert your URL]**.

**Yes, I would like to make a [monthly/bimonthly etc.] sustaining donation.**

I authorize **[Insert your organization name]** to electronically debit my account on, or on the first business day to follow, the **[write day of month, 1-30, here:** **]** day of each month.

Checking account or Savings account (select one).

Bank Name

Routing Number

Account Number

Your gift of:

|  |  |  |  |
| --- | --- | --- | --- |
| $100 | $50 | $25 | Other:  Other: |

Your gift will be ongoing until you change or cancel it, and your support and membership will always be current. To change or cancel, contact us at: **[insert contact information]**

Signature:

Thank you! **[May we send you a gift to show our appreciation for your ongoing support?]**

Yes, please send me the **[identify what the gift is]**!

No, please do not send me the **[identify what the gift is]**,   
so more of my donation goes directly to the cause.

A picture containing outdoor, large, rain, group

Description automatically generatedA picture containing shape

Description automatically generated

**Visit** [**ACHGiving.org**](http://www.achgiving.org/) **to learn more about how   
your organization can benefit from Direct Payment**