

# Payment agreement for Love Takes Root Sponsorship program



Please fill out the information below and indicate which method of payment you prefer for making your donations. Once completed, please return this form to:

Love Takes Root  
PO Box 885  
Spencer, IA 51301

Or via email: rootsforachild@lovetakesroot.org

For questions regarding the status of a direct deposit or to change your banking institution or a designated account number, please contact the Dianne Phillips 712-262-6904.

Name of Child Sponsoring \_\_\_\_\_

Check One:  New  Change  Discontinue ACH

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

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

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

Telephone Number: \_\_\_\_\_

Option 1: Preferred Method Automatic Monthly Bank Withdrawal	Name of Bank: _____ Branch: _____ City: _____ State: _____ Zip: _____ Routing Number: _____ Account Number: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings    Amount to be withdrawn monthly _____ I hereby authorize Love Takes Root to initiate debit entries to my account at the depository listed above on the 15th of each month. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Option 2: Credit Card	I would like to pay the full yearly fee of \$600.00 with my credit card: Credit Card # _____ Exp Date _____ 3 Digit # _____
Option 3: Check	<input type="checkbox"/> I will be mailing a check for \$600.00 to the address listed above
Option 4: Online	<input type="checkbox"/> I will be making my payment online via the donation option on <a href="http://www.lovetakesroot.org">www.lovetakesroot.org</a>

This authority is to remain in full force and effect until Love Takes Root has received notification from me of its termination in such time and in such manner as to afford Love Takes Root a reasonable opportunity to act on it.

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

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