



Help One Love One Inc.
Assisting Adults with Cystic Fibrosis
P O Box 715
Byron, MN 55920
507-775-6332

Authorization for Monthly Direct Payment

I authorize Help One Love One Inc. and the Financial Institution named below to withdrawal entries from my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the Financial Institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my Financial Institution 3 days before my account is charged.

Name of your Financial Institution

City State Zip

Signature Date

Name – Please Print

Address

Amount \$ _____ to be removed the first business day of each month.

Account No. _____ Checking _____ Savings _____

Financial Institution Routing Number _____

******* Please attach a voided check with the authorization**

Your gift will be deposited into the checking account of Help One Love One Inc at the First Security Bank, P O Box 128, Byron MN, 507-775-2316.

Thank you