

National Organization of Parents Of Murdered Children, Inc. (POMC)®

DEBIT AUTHORIZATION FORM

Direct Payment Enrollment for Recurring Monthly Contributions

◆◆◆◆◆ Please Type or Print Clearly ◆◆◆◆◆

Name: _____

Billing Address: _____

City/State/Zip: _____

Home phone: _____ Cell: _____ E-mail: _____

Please deduct my Direct Payment from my account as follows:

Name of Financial Institution: _____

Financial Institution Routing Number: _____

Type of Account: **NOTE:** Enclose a voided check or savings deposit slip with this form

Checking Account No. _____

Savings Account No. _____

Deductions will take place on the 1st of each month beginning the 1st of the month after receipt of this form.

\$ _____ /PER MONTH

I authorize Parents Of Murdered Children, Inc. to deduct my donation from the account listed above. I understand that if I decide to discontinue this payment plan I will notify Parents Of Murdered Children, Inc. in writing at the following address:

SIGNATURE: _____

DATE: _____

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E-mail: natlpomc@pomc.org