



Authorization for Direct Payment

I authorize **MINNESOTA CITIZENS CONCERNED FOR LIFE** to initiate monthly deductions from my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it. I can stop payment of any entry by notifying my financial institution three days prior to my account being charged. (Donations are processed on the 15th of each month.)

Please deduct \$ _____ from my Savings Account
(Total Monthly Donation) Checking Account

Allocate as follows: \$ _____ to the MCCL General Fund
\$ _____ to the MCCL Education Fund
\$ _____ to the MCCL State PAC
\$ _____ to the MCCL Federal PAC

Donor Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Signature: _____

Date: _____

Email: _____

IMPORTANT—Attach here either:

- Voided Check (for checking account deductions) or
- Savings Deposit Slip (for savings account deductions)