



**AUTOMATIC CONTRIBUTION AUTHORIZATION**

I hereby authorize Opportunity Plan, Inc. and the financial institution listed below to deduct a contribution of \$\_\_\_\_\_ drawn on my account on the 25<sup>th</sup> of each month (or the next business day following the 25<sup>th</sup>) beginning \_\_\_\_\_, 20\_\_\_\_. I understand that I can withdraw this authorization at any time by contacting Opportunity Plan, Inc.

Please place my contribution in the following fund: \_\_\_\_\_

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

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

Street or P.O. Box

City

State

Zip

Phone: \_\_\_\_\_

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

**Financial Institution Information**

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking \_\_\_\_\_ Savings \_\_\_\_\_

Return completed form to:

**Opportunity Plan, Inc.  
P.O. Box 1035  
504 24<sup>th</sup> Street  
Canyon, Texas 79015  
(806) 655-2528  
www.opportunityplan.com**

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

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