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 25th of each month (or the next business day following the 25th) 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

Bank Name: _____

Routing Number: _____

Account Number: _____

Checking_____ Savings _____

Return completed form to:

Opportunity Plan, Inc.
504 24th Street
Canyon, Texas 79015

OR

sleuthen@opportunityplan.com

Signature:_____ Date: _____