

**SIGN-UP
TODAY!**



GIVING
made **EASY**

Thanks

*from the FFA Foundation on behalf of the
more than 3,600 Mississippi FFA students*



*Use the new automatic payment plan to HELP raise funds
for FFA student activities across the state.*

**FFA FOUNDATION
Authorization Agreement for Automatic Payments**

Name _____ Phone _____ - _____
(As it appears on financial institution records)

Address _____

City _____ State _____ ZIP _____

Financial Institution _____

City _____ State _____

Transit/ABA# _____

Checking Account No. _____

(Please attach a voided check)

I hereby authorize the Financial Institution named above to pay my

MONTHLY CONTRIBUTION (\$ _____)

by charging each payment to my account and to make that deduction payable to the order of FFA Foundation. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however, that both the Financial Institution and FFA Foundation reserve the right to terminate this payment plan (or my participating therein).

Signature _____ Date _____

NOTE: Please complete and return this authorization form, along with a VOIDED check on your account.

FFA FOUNDATION
P.O. BOX 3300 - RIDGELAND, MS 39158