

Enrollment Form

YES! I want to enroll in AGP! I have read, understand and agree with the Terms of Agreement.

Each month, I wish to automatically contribute:

- \$500 \$100 \$75
 \$50 \$25 Other _____

I wish to make this gift: Monthly Quarterly

- VISA Mastercard Discover AmEx

Credit Card #

Expiration Date:

Name on Card

Address

City State Zip

Email

Phone

Signature

I prefer to give by Bank Account Debit:

- Savings Checking

Account Number: _____

(Please include voided check with returned enrollment form and sign above.)

Complete and return this form to:

Coordinator-Automatic Gift Plan
Human Life International®
4 Family Life Lane
Front Royal, VA 22630 USA

Terms of Agreement

CREDIT CARD OPTION

I authorize Human Life International to charge my VISA, Discover, MasterCard, or American Express for the amount noted on the enrollment form. Automatic charges will begin upon receipt of enrollment form.

I understand that this authorization shall remain in effect until I notify Human Life International that I wish to end this agreement and until Human Life International has had reasonable time to act upon my request.

BANK ACCOUNT OPTION

I authorize my bank to debit my account on or about the 20th day of each month and to pay Human Life International the amount noted on the enrollment form.

ATTENTION BANK ACCOUNT USERS!

**Please enclose a voided check
so we can secure bank routing!**

I have enclosed a voided check, and I understand that pre-authorized transfers will be made from this account on or about the 20th day of each month.

My authorization to debit my account at my bank shall be the same as if I had personally signed a check to Human Life International.

This authorization shall remain in effect until I notify Human Life International that I wish to end this agreement and until Human Life International or my bank has had reasonable time to act upon my request.

My signature on the enrollment form indicates my consent to these terms.