



P. O. Box 1883, Duncan, OK 73534-1883
www.onetruelight.net ♦ 580-467-8133
e:mail: onetruelight@outlook.com

I authorize One True Light, Inc. to charge my checking account for the following amount:

_____ monthly
_____ quarterly
_____ one-time on _____
(date)

**Monthly / one-time donations will be debited on or about the 10th of the month.
**Quarterly donations will be debited on or about the 10th of the months of January, April, July and October, or any combination of months as instructed by the donor.

_____ (____) _____
PRINT name as shown on account Phone number

_____ City _____ State _____ ZIP

Authorized signature

Financial Institution
Name: _____

_____ Checking Account OR Savings Account
Account Number

ABA Routing Number

Attach a voided check or deposit slip with account information.

Special instructions to One True Light, Inc. regarding my donation: