



AUTOMATIC CONTRIBUTION AUTHORIZATION

I hereby authorize Opportunity Plan, Inc. and the financial institution listed on the **attached voided check** 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: _____

Return completed form with **voided check attached** to:

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

Signature: _____

Date: _____