Authorization for Direct Payment

| I (we) authorize Revelation Outdoors to initia | ate on the 20 th of | f each month an | automatic |
|------------------------------------------------|--------------------------------|-----------------|-----------|
| withdrawal | | | |

from my (our) account described below:

| Amount of gift: | |
|----------------------------------|--|
| Checking Account No: | |
| Or Savings Account No: | |
| Financial Institution's Name: | |
| Financial Institution's Address: | |
| | |
| | |

Please attach a voided check or a savings account deposit slip. This authority is to remain in full force and effect until Revelation Outdoors has received written notification of its termination and they will act on the request in a timely manner.

You will receive an acknowledgement for your gift that can be used for tax purposes.

| Date: | |
|---------------|------------|
| Address: | |
| | |
| | |
| | |
| Daytime Phor | ne No: |
| Email Addres | S: |
| Signature: | |
| | |
| Joint Account | Signature: |
| Printed Name | : |

This completed form along with a voided check or a savings account deposit slip must be mailed to:

Revelation Outdoors Waterfowl Ministry 112 Little Creek Lane Covington, LA. 70433

Please expect approximately 2-3 weeks for your automatic withdrawal to be set up.