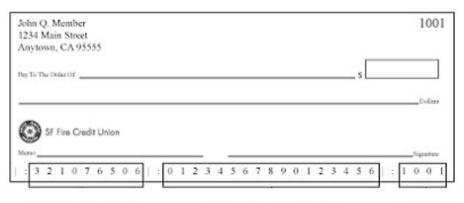


## AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS (ACH DEBITS)

I hereby authorize Heart for Africa, Inc. to initi credit entries and adjustments for any debit e Savings Account (select one) indicated be and/or credit the same in the amount of \$ each month (select one).	ntries in error to my □ Checking Account elow and the depository named below to debit
DONOR NAME	
ACH FOR	
BANK NAME	BRANCH
CITY	STATE ZIP
TRANSIT/ABA NO	
ACCOUNT NO	
This authority is to remain in full force and effect until Heart for Africa, Inc. has received written notification from me of its termination in such time and in such manner as to afford Heart for Africa, Inc. and the depository a reasonable opportunity to act on it.	
NAME ADDR	ESS
(PLEASE PRINT)	
SIGNATURE	DATE
***** ATTACH A VOIDED CHECK*****	

and fax completed form to (866) 403-6260 or scan and send to HFAaccounting@heartforafrica.org



ROUTING / ABA TRANSIT NUMBER ACCOUNT NUMBER

CHECK NUMBER