



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEBITS (ACH DEBITS)

I hereby authorize Heart for Africa, Inc. to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my ☐ Checking Account ☐ Savings Account (select one) indicated below and the depository named below to debit and/or credit the same in the amount of \$ _____ per month on the ☐ 5th ☐ 20th day of each month (select one).

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 _____ ADDRESS _____
(PLEASE PRINT)

SIGNATURE _____ DATE _____

***** ATTACH A VOIDED CHECK*****

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

John Q. Member 1234 Main Street Anytown, CA 95555		1001
Pay To The Order Of _____ \$ _____		
_____ Dollars		
SF Fire Credit Union		
Memo _____		Signature _____
3 2 1 0 7 6 5 0 6	0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6	1 0 0 1
ROUTING / ABA TRANSIT NUMBER	ACCOUNT NUMBER	CHECK NUMBER