



## 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 \$ \_\_\_\_\_

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	Signature _____	
Memo _____		
: 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
<b>ROUTING / ABA TRANSIT NUMBER</b>	<b>ACCOUNT NUMBER</b>	<b>CHECK NUMBER</b>