



Direct Debit Authorization Form

I, _____ the undersigned do hereby give permission to Habitat for Humanity and their banking institution to debit my checking account for the sole purpose of collecting my monthly or quarterly contribution. I recognize the convenience of this arrangement and have voluntarily provided the information below.

My Bank Name: _____

My Banks ABA routing number: _____

(the 9 digit number on your checks before your account number between these symbols | : or provide the office a copy of a cancelled check)

My Bank Account Number: _____

Amount authorized for the Debit Transaction: \$ _____.

Frequency of Debit: Every—month quarter (check one)

If Month is checked, please note that your donation will be collected on the 1st of every month.

If Quarterly is checked, please note that your donation will be collected on the 1st of January, April, July, and October

Donor email address: _____ (if available)

(ONLY to be used by us to notify you that your payment has been processed – simply a reminder to enter the amount in your check register.)

This authorization is valid until revoked by me in writing.

Name: _____

Signature: _____

Date: _____