AUTHORIZATION AGREEMENT FOR AUTOMATIC CREDIT CARD DONATIONS
(Please fill out completely and sign at the bottom)

Company or Individual **Company ID Number (or SSN)**

I (WE) hereby authorize GRACE CENTERS OF HOPE,herein after called COMPANY, to initiate debit entries and/or correction entries to our:

☐ Mastercard ☐ Visa ☐ Amex (select one)

indicated below at the depository named below, herein called DEPOSITORY, to credit the same such account. I (we acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law.

NAME ON CARD **CARD NUMBER**

DONATION AMOUNT **EXPIRATION DATE** **SECURITY CODE (on back of card)**

STREET ADDRESS

CITY **STATE** **ZIP** **PHONE NUMBER**

DATE TO BEGIN MONTHLY WITHDRAWALS:_____

(*GCH processes donations on the 15th of every month*)

This authorization is to remain in full force until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY reasonable opportunity to act upon it.

Michelle Atwell or Kristin Khalifa 38-6094602
NAME(S) **TAX ID NUMBER**

SIGNATURE **DATE**

SIGNATURE **DATE**

EMAIL, MAIL FAX FORM TO:

GRACE CENTERS OF HOPE
ATTN: DEVELOPMENT DEPARTMENT
35 E Huron St.
Pontiac, MI 48342
248.334.7939 FAX
AtwellM@gracecentersofhope.org