ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

New Authorization___________ Revised Authorization___________ (Please Check One)

I (we) hereby authorize Tacoma/Pierce County Habitat for Humanity, hereinafter called HfH, to initiate debit entries to my (our) checking account and financial institution indicated below, to debit the same to such account. This authority is to remain in full force and effect until HfH has received written notification from me (or either of us) of termination in such time and in such manner as to afford HfH a reasonable opportunity to act on it.

Financial Institution Name________________________________________ Branch Location________________

Financial Institution Address____________________________________ City __________ State____ Zip _______

Monthly Transfer Amount $___________

Monthly transfer will be on the 15th day and begins the month of ____________, 20 ___.

Donor Name(s) (PRINT)__________________________________________Date________________

Signature ______________________________________________________Signature____________________

Donor Address:________________________________________ City __________ State____ Zip _______

Donor Daytime Telephone Number (_____) _____________

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PLEASE MAIL BOTTOM HALF, WITH A VOIED CHECK ATTACHED, TO:

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----------------------------- Form Date Nov 2005