



**DONOR KEEPS TOP HALF FOR PERSONAL RECORDS**

**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 15<sup>th</sup> day and begins the month of \_\_\_\_\_, 20 \_\_\_\_\_.

**Donor Name(s)** (PRINT) \_\_\_\_\_ **Date** \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Donor Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Donor Daytime Telephone Number (\_\_\_\_\_) \_\_\_\_\_

**PLEASE MAIL BOTTOM HALF, WITH A VOIDED CHECK ATTACHED, TO:**

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Form Date Nov 2005