



HopeBuilders

Yes! I want to become a founding member of HopeBuilders today!

Monthly Pledge Amount \$ _____

Start Date _____

End Date _____

Payment Method

Please charge my credit card on the 15th of every month

Please enroll me in Direct Payments (ACH DEBITS)

Please notify me each month make a payment to Honolulu Habitat for Humanity

DONOR INFORMATION

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

CREDIT CARD INFORMATION

Credit Card Number _____ Exp. Date _____

Signature _____ Date _____

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Honolulu Habitat for Humanity ID#:10990261871

I (we) hereby authorize **Honolulu Habitat for Humanity**, hereinafter called COMPANY, to initiate debit entries to my (our) () **Checking** () **Savings account (select one)** indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY (Bank)

Name: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____

Account Number: _____

This authorization is to remain in full force and effect 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 a reasonable opportunity to act on it.

Name(s): _____

ID Number: _____ Date: _____

Signed: _____

Signed: _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGNIATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Please return this form and your donation to:

HONOLULU HABITAT FOR HUMANITY

1136 Union Mall, Suite 510, Honolulu, Hawaii 96813

Phone: (808) 538-7070 Fax: (808) 538-7171