



The Christian Foundation for Community Development
DBA Hands of Hope
5 Coach House Dr. , Madison, WI 53714

Mail this form and all future correspondence to address above

Or via Fax: 866-633-0379 Email: handsofhopedr@gmail.com

Credit Card & Electronic Check Payment Authorization Form: Sign and complete this form to authorize The Christian Foundation for Community Development (dba Hands of Hope) to make a debit to your credit card or checking account based on terms indicated below. By signing this form you give us permission to debit your credit card or checking account for amount below on or after the indicated date. We will save this information for future charges authorized by you. If you only authorize a onetime transaction we will destroy/erase your account information after this transaction. If you authorize future debits to this account you're also authorizing us to electronically process any paper checks you mail to us in the future.

I _____ (full name) authorize The Christian Foundation for Community Development (dba Hands of Hope) to charge my credit card or bank

account for \$ _____ on or after _____ (month, day, year)

I authorize The Christian Foundation for Community Development (dba Hands of Hope) to make either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined on this form. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law. Leave Bank Account Information Section Blank If Paying Via Credit Card And Vice Versa

Bank ABA Number (routing number on check): _____

Bank Account Number (account # on check): _____

Bank Account Type (check off): Checking Savings Business Checking

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____ CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

This is payment for: _____ (description of goods/services)

Billing Address _____ Phone# _____

City, State, Zip _____ Email: _____

This payment authorization is to remain in full force and effect until I, _____ (name) notify The Christian Foundation for Community Development (dba Hands of Hope) of its cancellation by sending written notice in such time and in such manner to allow both The Christian Foundation for Community Development (dba Hands of Hope) and receiving financial institution a reasonable opportunity to act on it.

Sign Below To Authorize Future Debits To This Account.

X _____

Printed Name: _____ Date: _____

I authorize The Christian Foundation for Community Development (dba Hands of Hope) to charge the credit card or bank account indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above. I certify that I am an authorized user of this credit card or bank account and that I will not dispute the payment with my credit card company or bank; so long as the transaction corresponds to the terms indicated in this form. I authorize The Christian Foundation for Community Development (dba Hands of Hope) to initiate either an electronic debit or to create and process a demand draft against my bank account. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law. I authorize The Christian Foundation for Community Development (dba Hands of Hope) to charge my bank account or credit card listed above for the amount stated above.