Direct Donation Payment Authorization

I (we) hereby authorize <u>Hor</u> financial institution listed below, h I (we) acknowledge that the original provisions of U.S. Law, which require	ereinafter called "De ation of ACH transact	pository", and to dicions to my (our) a	ebit th	ne san	ne to	such ac	count.
Amount Authorized: \$	Frequency _	monthly / quarterly	_ on	4 th circle	12 th one p	20 th 30 preferred o) th * late
Financial Institution Name	Branch						
Financial Institution Address	City			State	Zip	l	
Routing & Transit Number	Account N	Number					
Account type 🚨 Checking 🚨	Savings						
This Authority is to remain in full for from me (or either of us) of its terr and Depository a reasonable oppo	mination in such time						
Printed Name		Signature					
Printed Name		Signature					
Date	Phone	email address					

Contact information may be necessary, in case of problems with the initial setup of auto-deductions

<u>Send this original, signed form, with a xerox copy of a check from your account above</u>. (NO deposit slips please) Instead of a xerox copy, you may also send your first donation payment by check, accompanied by this form. We can use that check to set up the automatic deduction from your account.

Automatic Deductions will be made monthly or quarterly on or after the selected day of the month.

Mail to:

Home For Good 697 E. Intervale Rd. Grants Pass, OR 97527-9022

* If the automatic deduction date falls on a weekend or holiday, the deduction will normally be made on the first banking day after the weekend or holiday. February auto pay scheduled for the 30th will be deducted on March 1.