

ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking or savings account. Just complete and sign this form and either send it via email to info@livinghopeinternational.org or mail it to:

Living Hope International
50200 W. 10 Mile Rd Novi, MI 48374

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town).

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged only the amount indicated below. A receipt for all payments will be sent to you at the end of the year. The charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize Living Hope International to charge my bank account
 (full name)
 indicated below for \$ _____ on the _____ of each month for payment of my donation
 beginning on _____.

Billing Address _____ Phone# _____
 City, State, Zip _____ Email _____

Account Type:	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____	
Bank Name	_____	
Account Number	_____	
Bank Routing #	_____	
Bank City/State	_____	



The graphic shows a routing number '22222222' circled in purple and an account number '000 111 555 102?' circled in orange. Labels 'Routing Number' and 'Account Number' are placed above the respective numbers.

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Living Hope International in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Living Hope International may at its discretion attempt to process the charge again within 30 days. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.