

**HOPE HOLLOW MINISTRIES**

**AUTHORIZATION FOR AUTOMATIC PAYMENTS**

**Bank Draft**

**(Complete this section if you are requesting monthly giving by Bank Draft.)**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(as it appears in financial institution records)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

FINANCIAL  
INSTITUTION NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_

ROUTING #: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

I hereby authorize the Financial Institution named above to pay my monthly contribution in the amount of:

\$ \_\_\_\_\_ on the \_\_\_ 1<sup>st</sup> or the \_\_\_ 15<sup>th</sup>

of each month by charging each payment to my account and to make that deduction payable to the order of Hope Hollow Ministries. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification prior to charging my account. I understand, however, that both the Financial Institution and Hope Hollow Ministries reserve the right to terminate this payment plan (or my participation therein).

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
MM/DD/YYYY

NOTE: Please return this authorization with a VOIDED check.

Please return to: Hope Hollow Ministries  
PO Box 2247  
Madison, MS 39130

Thank you for your support!