Bridge of Hope Ministries
P.O. Box 821
Pocahontas, AR 72455
(870) 892-5588

# ACH Recurring Donation Authorization Form

Schedule your donation to be automatically deducted from your checking or savings account.
Just complete and sign this form to get started!

**Recurring Donations Will Make Your Life Easier:**

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

**Here's How Recurring Donations Work:**
You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated below each billing period. A receipt for each payment will be mailed to you on a quarterly basis and 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.

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## Please complete the information below:

(We) authorize BRIDGE OF HOPE MINISTRIES ("COMPANY") to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) as follows:

Amount to be transferred: $_____

Frequency: ___ Weekly ___ Monthly ___ Quarterly ___ Annually

Effective Date:_____ Termination Date:_____

Account Type: ☐ Checking ☐ Savings

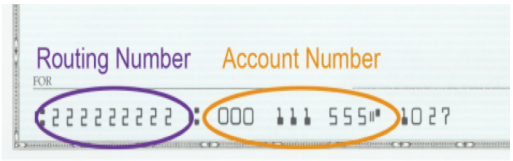
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____




**Please attach a voided check.**

**Donor Information:**

Full Name _____

Mailing Address_____ Phone#_____

City, State, Zip _____ Email _____

SIGNATURE _____ DATE _____

***Please mail this form to Bridge of Hope Ministries, P.O. Box 821, Pocahontas, AR 72455.***

These accounts remain subject to their individual terms and conditions, which are not modified by this authorization. If no termination date is specified above, then this authorization will remain in effect until terminated by any one of us. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Bridge of Hope Ministries in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next transfer date. Notice to any one of us is notice to all of us.