



Request for Automatic ACH/Bank Draft Payment

I (we) authorize Heart for Uganda to initiate entries to debit my (our) account described below:

Checking Account No. OR Savings Account No. _____

Financial Institution's Routing Number _____

Financial Institution's Name _____

Financial Institution's Address _____

Amount of Recurring Donation _____

Circle Preferred Date of Withdraw: 1st Fridays 2nd Fridays 3rd Fridays 4th Fridays

Attach a voided check or savings slip to this authorization.

This authority is to remain in full force and effect until Heart for Uganda has received notification from me (or either one of us) of its termination in such time and manner as to afford Heart for Uganda a reasonable opportunity to act on it.

Signature _____

Name _____

Date _____

Telephone Number _____

Return Completed Form and Voided Check to:

Heart for Uganda
PO Box 9688
Wichita Falls TX 76308
940-867-4678