



3216 West Main Street, Lansing, MI 48917

Phone: (517)487-9119

One-Time ACH Payment Authorization Form

Sign and complete this form to authorize Homeless Angels to make a one-time debit to your checking or savings account.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize Homeless Angels to charge my bank account
(Full Name)

indicated below for _____ on or after _____. This payment is for donation
(Amount) (Date)
to the Homeless Angels.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: Checking Savings

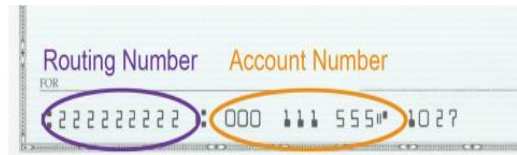
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



SIGNATURE _____

DATE _____

I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted transaction date. In the case of the payment being rejected for Non-Sufficient Funds (NSF) I understand that Homeless Angels may at its discretion attempt to process the charge again within 30 days, and I agree to an additional \$35.00 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute Homeless Angel's billing with my bank so long as the transaction corresponds to the terms indicated in this agreement. Homeless Angels is a 501(c)(3) tax exempt organization. Your contribution over and above the market value of goods or services is tax deductible as allowed by law in the United States.