



SCC Hunger Hero Authorization Agreement -- Automatic Payments (ACH Debits/Credit Card)

Yes, I want to be a SCC Hunger Hero and have my monthly gift processed either by automatic bank draft (ACH) or charged to my credit card as indicated below:

Monthly Automatic Bank Draft – Bank Account Information (attach a copy of voided check to this form):

Name on Account: _____
Type of Account: _____ Checking _____ Savings
Bank Name: _____
Routing Number: _____ Account Number: _____

Monthly Credit Card Charge – Account Information:

Name on Card: _____
Account Number: _____
Expiration Date: _____ CSC Number: _____ Zip Code on Account: _____

Gift Information:

Draft Date: _____ 10th _____ 25th
Monthly gift amount: \$ _____ (Note: Amount to be charged each time.)
Beginning Date: _____

Do you wish to receive an e-mail reminder each month prior to the transaction? _____ Yes _____ No

E-Mail Address: _____

I hereby authorize Samaritan Community Center to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account as indicated above. I also authorize the financial institution named above to credit and/or debit the same to such account.

Signature Date

Address Telephone

**Please return this form and voided check to: Samaritan Community Center
Attn: Accounting Dept.
P.O. Box 939
Rogers, AR 72757**