



Keys of Hope Membership Form

Please print out this form and complete, and then mail or fax to our office.

DONOR INFORMATION			
Name: _____			
Home Street Address: _____			
City: _____	State: _____	Zip: _____	
Home Phone Number: _____	Email: _____		

Authorization Agreement for Direct Payments (ACH Debits)

I authorize Almost Heaven Habitat for Humanity and the financial institution named below to debit my account each month the amount shown below (this includes my authorization for Almost Heaven Habitat for Humanity to reverse any charges made in error). This authority will remain in effect until I give written notice to cancel it. I understand all changes to this agreement take three to six weeks to be processed.

DEPOSITORY (BANK)

NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

TYPE OF ACCOUNT: CHECKING SAVINGS

ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

MONTHLY PLEDGE: \$ _____

SIGNATURE: _____

DATE: _____

*I understand that my account will be debited on the 10th of each month.
If my authorization is received after the 10th of the month, my initial
contribution will be deducted on the 10th of the following month.*

Please return this form to:

Almost Heaven Habitat for Humanity
PO Box 913 • Franklin, WV • 26807
304-358-7642