

# MĀNOA HERITAGE CENTER

## ACH Recurring Payment Authorization Form

*(Minimum monthly donation \$50)*

Schedule your Mānoa Heritage Center donations to be automatically deducted monthly from your checking or savings account. Just complete and sign this form to get started.

### Recurring donations make your life easier:

\* It's convenient (saving you time and postage)

\* You don't have to remember to give – it's automatic! – and no reminders!

**Here's how recurring payments work:** You authorize regularly scheduled payments charged to your bank account. Your account is debited for the same amount each month, and the charge will appear on your bank statement as "ACH debit". You agree that no prior notification will be provided if the payment is equal to the amount below. If the payment date changes, you will receive notice from us at least 10 days prior to the payment being collected. You will receive a note of the total you donated every December.

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**Mahalo for your donation!** Please return to your form to: Mānoa Heritage Center, 2856 Oahu Avenue, Honolulu, HI, 96822 or email to: [jessica@manoaheritagecenter.org](mailto:jessica@manoaheritagecenter.org)

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I \_\_\_\_\_ (print full name) authorize Mānoa Heritage Center to initiate payments from my checking/savings account on the 15<sup>th</sup> of each month (or next normal banking day) for amount \_\_\_\_\_ (write monthly amount in words) \_\_\_\_\_ (write monthly amount in numbers). This authority will remain in effect until I notify you in writing to cancel, at least 30 days in advance. I can also stop payment on any entry by notifying my financial institution three days before my account is charged.

Name of your financial institution: \_\_\_\_\_

Branch: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your address: \_\_\_\_\_

Account no: \_\_\_\_\_ checking/savings Routing number \_\_\_\_\_

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### Retain for your records:

On \_\_\_\_\_ (date) I authorized Mānoa Heritage Center to initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke the authorization with you at any time by writing to the address below. Initial payment amount \$ \_\_\_\_\_ (write amount) on 15<sup>th</sup> monthly, or next banking day.