

HOPE NORTH CAROLINA, INC.

PO Box 9144
Chapel Hill, NC 27515
919-883-9290

One Time Payment Authorization Form

Sign and complete this form to authorize HOPE North Carolina, Inc. to make a **one-time** debit to your bank account or credit card.

By signing this form, you give us permission to debit your credit card or 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.

If you elect the Credit Card option, please also note that our credit card processor has initiated a fee of 3% to be charged to HOPE NC for each transaction, which would effectively reduce the value of your donation. You can help to offset this payment processing fee by agreeing to add 3% to your tax-deductible donation noted below; this amount is generally also considered a tax-deductible donation.

Please complete the information below:

I _____ authorize HOPE North Carolina, Inc. to charge my credit card or
(full name)
account indicated below for _____ on or after _____.
(amount) (date)

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Checking/ Savings Account

Checking Savings


Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Credit Card

Visa MasterCard

Amex Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

Check this box to allow HOPE NC to add
3.0% to your donation amount indicated
above to offset our processing fee.

SIGNATURE _____ DATE _____

For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that HOPE North Carolina, Inc. may at its discretion attempt to process the charge again within 30 days, and agree to an additional charge in order to reimburse HOPE North Carolina, Inc. for a reasonable charge from its bank, for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute this transaction with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this authorization form.