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Empowering People to Transform Neighborhoods!

Matthew 25 ACH Pledge Contribution Authorization

Pledges to Matthew 25 can be made automatically, at no charge, on a monthly, quarterly or annual basis from your checking or savings account. To start or change your automatic pledge contribution, please complete this form.

Please attached a copy of a voided check to this form before submitting and retain a copy of the form for your records.

Payment Details

- Transfer funds monthly on the 5th Transfer funds quarterly on the 5th
 Transfer funds monthly on the 25th Transfer funds quarterly on the 25th
 Transfer funds annually during the month of _____

Amount of Debit or method of determining the amount: _____

Bank Details

- Checking Savings

Account Name: _____

Bank Name: _____

Account Number: _____

Routing Number: _____



I understand that this authorization will remain in effect until I cancel it in writing or my pledge is fulfilled. I agree to notify Matthew 25 in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next withdrawal date. If the above noted withdrawal dates fall on a weekend or holiday, I understand that the withdrawals may be executed on the next business day. 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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 Matthew 25 may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35.50 charge 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 bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____