

# Haven of Hope Sponsorship

Name:

Mailing Address:

Email Address:

Phone Number:

Name of child you  
would like to sponsor:

Payment Choice:

PayPal \*

Automatic Withdraw from Checking \*\*

Lump-Sum Payment \*\*\*

\* Click on the PayPal link and follow their instructions.

\*\* This is a simple easy way to pay for your sponsorship. Complete the requested information on the next page, sign it and send it along to us with a voided check! It's that easy! The amount of your sponsorship (\$30/child) will automatically be deducted from your checking account at the beginning of each month.

\*\*\* Want to pay for your sponsorship with a lump sum payment? It's easy! Send us your yearly check for \$360.00 per child to:  
Haven of Hope Ministries  
1107 William Street  
State College, PA 16801  
Once we receive your payment, we will establish your sponsorship anniversary date and mail out your New Sponsor Packet.

**Schedule D: ACH Sample Authorization Agreement - Direct Payments**

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)**

Company Name

I (we) hereby authorize  hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/Saving Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

**Depository Institution**

Name

Branch

City

State

Zip

Routing Number

Account Number

Checking  Savings

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s)

ID Number

Date

Your Signature \_\_\_\_\_

**NOTE: PLEASE INCLUDE A VOIDED CHECK IF A CHECKING ACCOUNT IS BEING USED**