

## Automatic Monthly Withdrawal / Charge Form

This Automatic Monthly Withdrawal Form is used for authorizing **HELPING HANDS Medical Missions, Inc. (HHMM)** to withdraw donations directly from the donor's bank and/or credit/debit card account each month.

Please complete all three sections.

Donations are tax deductible as permitted by state and federal tax law.

**HELPING HANDS Medical Missions, Inc.** is a 501 (c)(3) non-profit organization with Tax ID 75-2735085.

Please mail the completed form with a voided check to:

HELPING HANDS Medical Missions, Inc., P.O. Box 140847, Irving, Texas 75014

### SECTION 1: Designation of Gift

Annual Fund \$ \_\_\_\_\_ per month

Medicine/Vitamins \$ \_\_\_\_\_ per month

Scholarship Fund (restricted to: \_\_\_\_\_) \$ \_\_\_\_\_ per month

Where most needed and/or emergency use \$ \_\_\_\_\_ per month

Special Project \$ \_\_\_\_\_ per month

**TOTAL MONTHLY WITHDRAWAL** \$ \_\_\_\_\_ per month

Does your employer have a Matching Gift Program?  Yes  No

If Yes, please complete the appropriate matching-gift form and mail to **HELPING HANDS Medical Missions, Inc.**

### SECTION 2: Authorization for Automatic Monthly Withdrawal / Charge

ACH Bank Withdrawal

AND/OR

Credit Card

Debit

Type of account:  Checking  Savings  Other

Attach a **VOIDED** check (a check with VOID written on it to avoid bank charges to **HHMM**).

Start Date: (mm/dd/yy) \_\_\_/\_\_\_/\_\_\_ Amount: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Routing # (9 Digits): \_\_\_\_\_

Account # (10 Digits): \_\_\_\_\_



Name on Card: \_\_\_\_\_

Card No: \_\_\_\_\_

Expiration Date: (mm/yy) \_\_\_/\_\_\_

Billing Zip Code: \_\_\_\_\_

### SECTION 3: Personal Information

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Special Instructions (if any): \_\_\_\_\_

I hereby authorize **HELPING HANDS Medical Missions, Inc.** to initiate automatic withdrawal from my bank or credit/debit account each month. This authorization is to remain in effect until revoked by me in writing.

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

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



P.O. Box 140847, Irving, Texas 75014  
www.hhmm.org