



**THE HOPE**  
**FOUNDATION**  
FOR CANCER RESEARCH

## Authorization for ACH Direct Payment

Name

***I authorize The Hope Foundation for Cancer Research to initiate payment(s) to the account below (and, if necessary, to electronically debit the account to correct erroneous credits).***

Financial Institution's Name

Financial Institution's Address

Financial Institution's Routing Number

Account Number

Type of Account      Checking                      Savings                      (check one)

***This authorization will remain in effect until modified or cancelled in writing. (Please notify The Hope Foundation in advance of any changes to this authorization).***

Print Name

Address

Email

Telephone

Signature

Date