

Helping Hands Ministry, Inc. (a Non-Profit 501(c)3 Organization)
P.O. Box 337 or 135 Main St., Tallulah Falls, GA 30573
Tel. 706-754-6884 Fax 706-754-9247 www.hhmin.org

CREDIT CARD DEBIT AUTHORIZATION FORM
(for Tax Deductible Donations)

(print name as listed on card)

hereby authorizes *Helping Hands Ministry, Inc.*, to debit the account listed below. *

(Please circle one): Visa (or) MasterCard (or) Discover

_____ - _____ - _____ - _____

3 Digit Security # _____ **(see back of card)**

Expiration Date: _____ / _____
month year

Signature: _____

Debit Amount: \$ _____ .00

Frequency **(check one)**: Monthly _____ Quarterly _____ Annually _____
One-time _____

Perform Debit Transactions beginning on: _____ / _____ / _____
(Please choose either the 5th or the 27th) month day year

Billing Address (address must match billing address for the account listed above):

Street: _____

City: _____ State: _____ Zip: _____

Tel:(____) _____ - _____ Email: _____

Recommended Project: _____

Fill Out Completely and Return to *Helping Hands Ministry* at the address or fax listed at the top.

* *This authorization can be terminated at any time in writing by the cardholder only.*