



AUTHORIZATION FORM

Thank you for choosing to make a gift to Hope College. We assure you that all of your information will be held in strict confidence.

* = required field

* **First Name:** _____

* **Last Name:** _____

* **Address Line 1:** _____

Address Line 2: _____

* **City:** _____

* **State:** _____

* **Zip Code:** _____

* **Financial Institution:** _____

* **ABA Number:** _____

* **Branch Phone Number:** _____

* **Account Number** _____

Checking _____ or Savings _____

* **Exact Name(s) on Account:** _____

I authorize Hope College to deduct monthly payments of \$ _____ from my checking or savings account listed above until my gift equals \$ _____ or until I authorize payments to terminate. (Monthly payments must divide evenly into total gift amount.)

* **Signature:** _____

* **Daytime Phone:** _____

* **Date:** _____

Please print this form, complete and mail to the following address:

Hope College Advancement Services
PO Box 9000
Holland, MI 49422-9000