

**Hope for New York  
RECURRING CREDIT CARD DEBIT AGREEMENT**

\_\_\_\_\_ does hereby authorize Hope for New York to initiate debit entries (as tax-deductible donations) to my credit card account indicated below and the bank named below, hereinafter called bank, to debit the same to such account.

Credit Card Type:	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express	<input type="checkbox"/> Diner's Club
<b>YOUR BILLING INFORMATION:</b>	Cardholder Name:	Phone: (    )		Expiration:    /    /	
	Account Number:	Billing Address:		City:	State:    Zip:
	Email Address:				

THE INITIAL PAYMENT SCHEDULE IS AS FOLLOWS AND WILL BEGIN ON \_\_\_\_\_.

I agree to pay on the \_\_\_\_ of each month \$\_\_\_\_\_ payment for \_\_\_\_\_ months to Hope for New York.

I understand that I am in full control of my payment, and I will notify Hope for New York if, at any time, I decide to cease payment.

\_\_\_\_\_ DONOR SIGNATURE \_\_\_\_\_ DATE

*You can return the form any of the three following ways:*

- 1) **Email:** Lisa Taylor at [Lisa@hfny.org](mailto:Lisa@hfny.org)
- 2) **Postal Mail:** Hope for New York, 1359 Broadway, Suite 410  
New York, NY 10018
- 3) **Fax:** 212-689-6478

Please allow 7-10 days for processing. Thank you!