



**Giving God the Glory**

# New Hope Food Pantry

13310 S. Black Bob Rd., Olathe, KS 66062

913-782-0955

## Automatic Payment Consent Form

### Automatic Payment Consent Form

\_\_\_\_\_

Name and/or Company Name		Address	
_____		_____	
City	State	Zip	Phone Number
_____	_____	_____	_____

I hereby authorize New Hope Food Pantry to charge my credit/debit card in the amount of \$\_\_\_\_\_ each month starting \_\_\_\_\_ and ending \_\_\_\_\_.

Method of Payment: Visa\_\_\_\_\_ MasterCard\_\_\_\_\_ Amex\_\_\_\_\_ Discover\_\_\_\_\_

#\_\_\_\_\_ / 20\_\_\_\_\_ #\_\_\_\_\_ / 20\_\_\_\_\_ 3 digit security pin \_\_\_\_\_  
Card Number Expiration Date

Cardholder's Billing Name Billing Address for Card \_\_\_\_\_

**I understand that I am donating to a 501(c)(3) in the amount of \$\_\_\_\_\_ monthly, and also authorize the New Hope Food Pantry to process it on my behalf automatically using this card provided.**

Signature\_\_\_\_\_ Date\_\_\_\_\_