

Capitol Hill United Methodist Church

ACH AUTHORIZATION AGREEMENT

Name(s) _____

I/We hereby authorize the Capitol Hill United Methodist Church, hereinafter called CHUMC, to initiate debit entries to my/our: (select one)

Checking Account, or

Savings Account

indicated below, at the depository Financial Institution named below, and to debit the same from such account. I/We acknowledge that the authority will remain in effect until I/we have cancelled it in writing and that the origination of ACH transactions to our account must comply with the provisions of U.S. law.

Financial Institution _____

Routing Account
Number _____ Number _____

**** Please attach a voided check or a copy of the account identification card ****

Direct debit options (enter an amount on one or both lines):

Day of Month**

Amount

1st

\$ _____

15th

\$ _____

This authorization is to remain in full force and effect until CHUMC has received written notification from us of its termination in such time, and in such manner as to afford CHUMC and Financial Institution a reasonable opportunity to act on it.

Signature: _____ Date: _____

Please place the completed form in an envelope marked "Financial Secretary" and drop in the collection plate or drop off in the church office.

**** If the 1st or the 15th falls on a weekend or bank holiday, the automatic debit will take place on the first business day after that day.**