

# Direct Debit ACH Authorization Agreement

## Capitol Hill United Methodist Church



Name(s) \_\_\_\_\_

I/We hereby authorize 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 Number \_\_\_\_\_ Account Number \_\_\_\_\_

Transactions are effective on Fridays; please choose one of the following:

	<u>Amount</u>
1st Friday of the month only, beginning ____/____/____	\$ _____
Every other Friday, beginning ____/____/____	\$ _____
Every Friday, beginning ____/____/____	\$ _____

This authorization is to remain in full force and effect until \_\_\_\_\_ or 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: \_\_\_\_\_