



Direct Debit Authorization Form

I hereby authorize Capitol Hill Presbyterian Church to initiate, on a monthly basis, debit entries and to initiate, when necessary, credit entries and adjustments for any debit entry made in error, with respect to the account and financial institution named below. This authority is to remain in effect until CHPC has received written notification terminating it. A termination notification received by the 10th of the month will take effect that month.

*Committed
to serving
Jesus Christ*

CHECK ONE:

- ADD – Debit my account as specified below.
- CHANGE – Change amounts, financial institutions, and/or accounts as shown below. In this case, only list desired changes.
- CANCEL – Stop my participation in the program.

*Caring
about each other
and the needs
of a broken world*

CHECK THE TYPE OF ACCOUNT:

- Checking (attach check below)
- Savings

ENTER THE FOLLOWING ACCOUNT INFORMATION:

Monthly automatic debit amount requested: _____

ABA/routing number: _____

Name and address of your Financial Institution: _____

Name(s) of Account Holder(s) (please print): _____

Signature(s) of Account Holder(s): _____

CHPC offering envelope # (if assigned): _____

Today's date: _____

**YOU MUST TAPE A VOIDED CHECK HERE
FOR CHECKING ACCOUNT DEBIT AUTHORIZATION**

Due to processing lag times, it may take one or two debit periods for initial processing to begin. **You should pay as you normally would until the first debit appears on your account statement.**

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