

AUTHORIZED AGREEMENT FOR DIRECT PAYMENT BY  
ELECTRONIC FUNDS TRANSFER: HOPE CHURCH

This is to setup a new EFT agreement.                       This is to adjust a current EFT agreement.

Please debit my (our) account:

Twice Monthly                                       Monthly

TWICE MONTHLY

Debit my (our) account \$ \_\_\_\_\_ on the 1<sup>st</sup> and 16<sup>th</sup> of the month.

MONTHLY

Debit my (our) account \$ \_\_\_\_\_ on the following day of each month, either:

1<sup>st</sup>     16<sup>th</sup>

**Note: There is a 15-day authorization period before the first draft.**

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

- EFTs will be recorded jointly to a married couple's Hope financial report unless otherwise specified.

**Please staple a voided check from the account to be drafted.**

Debit Authorization: I hereby authorize Hope Church to initiate EFT withdrawals from the account indicated above. I further authorize, if necessary, adjusting entries to be made to correct any errors made to the account indicated above. This authorization shall remain in force and effect until I notify Hope Church in writing or by phone call of its termination in such time and in such manner as to afford Hope Church and the financial institution a reasonable time to act on it.

Print Full Names: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Best Phone # to reach me (us): \_\_\_\_\_

Please return this form to the church office or mail it to:

Hope Church Finance  
12445 Patterson Avenue  
Richmond, VA 23238