



Cedar Heights Community Presbyterian Church

Direct Payment Plan

Authorization Form for 2019

My total monthly pledge is _____. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

I had my pledge automatically withdrawn from my checking account last year and I wish to continue this procedure using my new pledge amount. *(If you check this box we will use the same bank account as last year. You do not need to fill in the bank information below or attach a check).* Please sign the form.

IF NEW TO DIRECT PAYMENT:

1. Fill in total monthly pledge amount above.
2. Mark the box before type of account to indicate whether your payment will be deducted from your checking or savings account. (Deducted on the 15th of the month)
3. Fill in your name, financial institution name and location and date.
4. Attach a voided check for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number and routing number.

NOTE: BE SURE TO SIGN THE FORM!

AUTHORIZATION FOR DIRECT PAYMENT

I authorize Cedar Heights Community Presbyterian Church to initiate electronic debit entries to my *(type of account)* for payment of my total monthly pledge.

Checking account

Savings account

Date _____

Financial Institution Name (Please Print) _____

Account Number at Financial Institution _____

Financial Institution Routing/Transit Number _____

Financial Institution City and State _____

Signature _____

PLEASE KEEP A COPY FOR YOUR RECORDS AND RETURN THE ORIGINAL WITH YOUR PLEDGE CARD.

Staple Voided Check Here (not a deposit slip)