

AUTHORIZATION FORM FOR ACH GIVING

Completion of this form provides Hamblen Park Presbyterian with a standing authorization to withdraw funds from your account in the amount of your choice, on the date you select.

NAME(S) _____

Select	Date of deduction	Amount		Account Type (circle one)
<input type="checkbox"/>	5 th of month	\$_____.00	from	Checking or Savings
<input type="checkbox"/>	20 th of month	\$_____.00	from	Checking or Savings
<input type="checkbox"/>	_____ other	\$_____.00	from	Checking or Savings

Please attach a voided check from the account to be debited and return along with this form to the Church office.

I authorize Hamblen Park Presbyterian Church to initiate withdrawals from my account monthly as detailed above. This authorization will remain valid until I, the Church, or my bank revoke it.

ACCOUNT HOLDER(S) SIGNATURE(S) _____ DATE _____

- Any temporary or permanent change to one or more of the selections above must be communicated and confirmed by the Church office at least five (5) business days prior to the next scheduled transaction.
- If your account number is changing or has changed, please notify the Church office.