

**AUTOMATIC WITHDRAWAL/DIRECT DEBIT
AUTHORIZATION FORM
HOPE CHURCH**

I _____ hereby authorize Hope Church to directly debit my account each month / week (circle one) in the amount of \$ _____. I agree to notify Hope Church, in writing, of any changes or cancellation. I understand that this agreement remains in effect until I provide written notice, and that any changes of status to this agreement may take up to 2 weeks to be processed.

Account holder(s) printed name _____

Address: _____

Email Address: _____ Phone: _____

Financial Institution _____

ACH Routing Number _____ (9 digits)

Account Number _____

Account Type: _____ Checking
 _____ Savings
 _____ Money Market

Account holder(s) authorized signature _____

Date _____

Please designate your giving amounts:

\$ _____ Tithe/General Fund

\$ _____ Least of These

\$ _____ Caring Fund

- Weekly giving will be processed every Wednesday
- Monthly giving will be processed on the last business day of the month

Please return completed form to: Hope Church, Attn: Finances, 3000 Lenhart Rd, Springfield, IL 62711