

Grace Church Brooklyn Heights

AUTOMATED DIRECT PAYMENT AGREEMENT (ACH DEBITS)

Information:

Name(s): _____ (Please print)

Address: _____

Phone: _____ Email: _____

Authorization:

I (We) authorize Grace Church Brooklyn Heights ("Grace Church") to electronically debit my (our) account and, if necessary, electronically credit my (our) account to correct erroneous debits as follows:

Checking Account **or** Savings Account at the depository financial institution named below ("DEPOSITORY"). I (We) agree that ACHS transactions that I (we) authorize comply with all applicable law.

Depository Name: _____

Routing Number: _____ Account Number: _____

Please select frequency and amount of the transfers:

Once a week in the amount of \$ _____

Once a month in the amount of \$ _____

I (We) understand that this authorization will remain in full force and effect until I (we) notify Grace Church in writing that I (we) wish to revoke this authorization. I (We) understand that Grace Church will need at least one week prior notice in order to cancel this authorization.

Signature: _____ **Date:** _____

Please attach a voided check or savings account deposit slip.

Please mail completed forms to Parish Administrator, Grace Church Brooklyn Heights, 254 Hicks Street, Brooklyn, NY 11201

Thank you for your generosity!