



ZION HILL BAPTIST CHURCH

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New

Change

Authorization Agreement for Direct Payment

Please indicate purpose of payment _____ Tithes

Participant Name _____

Zion Hill Membership Status

Member Non-Member

Financial Institution _____

Branch # _____

City, State, Zip _____

Routing # _____

Account # _____

Please indicate frequency of draft

Weekly (every Friday)

Please indicate day if monthly or semimonthly draft

1st

1st and 15th

16th

Please indicate start date _____

Amount to draft _____

I (we) hereby authorize Zion Hill to initiate debit entries, and if necessary debit corrections and adjustment entries to my (our) account indicated above at the depository financial institution named above and to credit the same should it become necessary. I (we) understand this authorization will be in effect until I (we) cancel it in writing and allow Zion Hill and the depository Financial Institution reasonable time to act upon the notification. I further understand that Zion Hill will impose a fee if funds are not available to pay such debit entry at the time of posting. Zion Hill reserves the right to terminate this agreement at anytime.

Name (please print)

Signature

Date

Name (please print)

Signature

Date

FORM MUST BE SIGNED AND A VOIDED CHECK MUST BE ATTACHED TO ENROLL IN DIRECT PAYMENT

Please return the completed form to the Financial Department. If you have questions, please contact (803) 256-4241