

# NEW HOPE REFORMED CHURCH

## ACH Giving Authorization Form

FOR OFFICE USE ONLY	DATE RECEIVED	DATE ENTERED
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Type of authorization:	<input type="checkbox"/> New authorization	<input type="checkbox"/> Change giving amount
	<input type="checkbox"/> Change bank information	<input type="checkbox"/> Discontinue ACH giving
	<input type="checkbox"/> Change giving date	

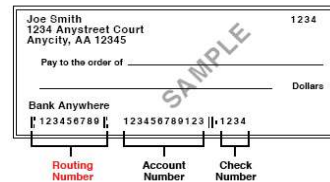
Last Name		First Name	
Address			
City	State	Zip	
Phone			
Email			

Date of payment:	Amount:
<input type="checkbox"/> Monthly on the 5th <input type="checkbox"/> Monthly on the 20th <input type="checkbox"/> Semi-monthly on 5th and 20th	

Date of first payment (mm/dd/yyyy):	
Date of last payment (optional):	

Please debit payments from my (check one):
<input type="checkbox"/> Checking account (submit a copy of voided check with this form)
<input type="checkbox"/> Savings account (contact your financial institution for Routing #)

Routing #:	
Account #:	



I authorize New Hope Reformed Church to process debit entries to my account. I understand that this authority will remain in effect until I provide written notification 15 days in advance to modify or terminate this authorization.	
Authorized Signature: _____	Date: _____

**\*\*\* If using a checking account, please submit a copy of voided check with this form.**

Please email completed forms to [finance@newhopeworship.com](mailto:finance@newhopeworship.com)