

HARRISBURG BRETHREN IN CHRIST CHURCH
“E-Tithing” Authorization Form

You may authorize the Harrisburg Brethren In Christ Church to initiate automatic deductions from your bank account (“E-Tithing”) at the interval you determine by sending us this letter of authorization. All information will be kept strictly confidential.

Name: _____ Phone Number: _____

Address: _____ E-mail: _____

I(We) authorize Harrisburg Brethren In Christ Church to automatically deduct my (our) tithe/offering from my (our) bank account. I (We) authorize Harrisburg Brethren In Christ Church to initiate regular deductions of my (our) tithe/offering on the:

1st of each month out of my bank account noted below, with \$ _____ for the general fund and/or \$ _____ for the building fund.

16th of each month out of my bank account noted below, with \$ _____ for the general fund and/or \$ _____ for the building fund.

Please start debiting my account on: _____ 20____.

(Month/Day) (Year)

Please debit my:

checking account / savings account.

Name of Financial Institution: _____

Branch: _____ City: _____ State: _____

Transit Routing Number (Must be 9 numbers)									Account Number

Please attach a voided check to this application form. Automatic bank deductions can only be made from U.S. Financial Institutions.

I(We) make this authorization subject to the following conditions:

- I(We) have the right to terminate this authorization at any time by notifying Harrisburg Brethren In Christ Church in writing, giving at least two week’s notice.
- I(We) will notify Harrisburg Brethren In Christ Church in writing if there are any changes in the account information, giving at least two week’s notice.
- My(Our) Financial Institution will treat each debit as if I(We) had personally issued a written direction authorizing Harrisburg Brethren In Christ Church to debit the account.
- I(We) understand that any debits charged to my/(our) account will be reimbursed if this debit was not drawn in accordance with this authorization, this authorization has been terminated, or the debit has been posted to the wrong account due to invalid/incorrect account information. Debits will be made on the day noted above in the agreement unless that day falls on a weekend or bank holiday whereby the debit will take place the day after the bank holiday or weekend.
- I(We) warrant that all persons whose signatures are required to sign upon this account have signed this authorization.
- I(We) agree to pay any additional fees incurred by Harrisburg Brethren In Christ Church for debit of the account that has Non-Sufficient Funds or has been closed.

Signature: _____ Date: _____

Signature*: _____ Date: _____

* All persons must sign if more than one signature is required on checks issued against the account.

Thank you very much! Please Send or Bring this Form to:
Harrisburg Brethren In Christ Church
c/o: Aaron Boor, Treasurer
2217 Derry Street Harrisburg, PA. 17104
Tel: 717-561-2170 Fax: 717-561-2171
E-mail: aaron.boor@gmail.com