

Brother's Keeper Direct Giving (ACH Debits) Authorization Form

Web version



Christian Healthcare Ministries Galatians 6:2, Acts 2 & 4

Name: _____

CHM #: _____

I (we) hereby authorize **Brother's Keeper** (a program of **Christian Healthcare Ministries**) and the depository financial institution named below, hereinafter called DEPOSITORY, to initiate electronic debit entries, and if necessary, credit entries to my account listed below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial institution name)

(Branch)

(Address)

(City, state, zip)

(Routing number)

(Account number)

Checking account or Savings account

This authority is to remain in full force and effect until Brother's Keeper has received written notification from me of its termination in such time and manner as to afford Brother's Keeper and DEPOSITORY a reasonable opportunity to act on it.

(Print participant name)

(Signature)

(Print CHM number)

(Date)

Please specify:

Month ACH debit to begin: January April July October

- The quarterly gift amount will be withdrawn on the 20th day of the applicable month. (Note that if this date falls on a weekend or holiday, the amount will be withdrawn on the next business day.)
- The quarterly gift amount is estimated at \$25 per participation unit.

PLEASE ATTACH COPY OF VOIDED CHECK (if choosing checking account) OR DEPOSIT SLIP (if choosing savings account).

Return form to: **Christian Healthcare Ministries**
Attn: Brother's Keeper

PO Box 29
127 Hazelwood Ave.
Barberton, OH 44203

Questions?
330-798-5233 or 800-791-6225 ext. 5233
330-798-6100 fax • nnull@chministries.org
www.chministries.org