



Direct Debit Authorization

Name: _____

Street address: _____

City, state, zip: _____

Phone: _____

Dollar amount: _____

To be deducted monthly on (date): **15th** **28th** (circle one)

I hereby authorize Chatham Presbyterian to debit my bank account according to the instructions above until these directions have been revoked in writing.

Signature

Date

***Note:** To provide Chatham Presbyterian with your required bank information, please attach a copy of a voided check for the account to be debited.

