

**Debre Medhanit Eyesus Ethiopian Orthodox Tewahedo Church**

P.o.box 4181 Woodbridge,VA 22194

(703)586 2439

**Direct Payment Enrollment Form(Recurring)**

To enroll in the Direct payment program, please complete all sections below, sign the authorization section and return this form with a voided check to **Debre Medhanit Eyesus Ethiopian Orthodox Tewahedo church.**

If you have any questions, contact (703) 586 2439

**Name and Address information**

Name

Phone Number

Address

City

State

Zip

**Bank Account information**

Bank Name

Bank Address

City

State

Zip

Bank Routing Number

Account Number

**Payment Information**

Payment Amount each period

Beginning Payment Date

Number of Payments

Payment Frequency

Monthly  Twice a Month  Bi-weekly  Weekly

**Authorization**

I/We authorize **Debre Medhanit Eyesus Ethiopian Orthodox Tewahido church** to initiate debit entries to my/our(select one)  checking or  saving account listed above.If any item is returned unpaid,I/we authorize an additional returned check fee of the maximum amount as allowed by the state to be charged to this account.

This authorization is to remain in full force and effect for these payment until **Debre Medhanit Eyesus Ethiopian Orthodox Tewahido Church** has received written notification from me/us of its termination, in such time and manner as to afford them and their financial institution reasonable opportunity to act on it.

Signature

Date

Name (printed)

Please remember attach a voided check to this authorization