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Automatic Payment Authorization Form for Donations

To enroll in the automatic payment program and have your monthly donation deducted from your bank account, just fill out the information below and email, fax, or mail this page with a voided check to the CHA address shown above.

Name (please print): _____

CHA Membership Number (if applicable): _____

Bank Routing Number (9 digits): _____

Checking or Savings Account #: _____

Amount of monthly donation you wish to be withdrawn for each of the following:

Brother to Brother account: \$ _____

Share Assistance account: \$ _____

I authorize CHA to charge my monthly payment to my bank account number shown above. I understand the funds will be withdrawn on or around the fifteenth day of each month and that it is my responsibility to ensure sufficient funds are in my account at that time.

I understand that if my total payment amount changes for any reason, I will receive notice from CHA and they will withdraw the new amount on the effective date of such change unless otherwise instructed by me.

This authority will remain in effect until I instruct CHA to cancel or change it. Future authorization must be in writing and must be received by CHA seven days prior to the first day of the effective month. I also understand that if my payment is returned for "Not Sufficient Funds", CHA may discontinue this service at their discretion. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law.

Signature: _____ Date: _____

Please attach a voided check from the bank account to be debited for your monthly donation.