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Automatic Payment Authorization Form for Donations

To enroll in the automatic payment program and have your monthly donation for the Brother-to-Brother program deducted from your bank account, please fill out the information below and return this page with a voided check to CHA.

Name (please print): _____

CHA Membership Number (if applicable): _____

Email: _____ Phone: _____

Bank Routing Number (9 digits): _____

☐ Checking ☐ Savings Account #: _____

Amount of monthly donation: \$ _____

I authorize CHA to charge my monthly donation to the bank account number shown above. I understand the funds will be withdrawn on or around the 15th day of each month and that it is my responsibility to ensure sufficient funds are in my account at that time.

This authority will remain in effect unless I instruct CHA to change or cancel it, or if my payment is returned because of insufficient funds or account closure, at which time CHA may discontinue this service at their discretion. Future authorization must be in writing and must be received by CHA by the 20th of the month prior to the effective month. 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.