



Auto Withdraw Authorization Instructions

Please fill out the Auto Withdraw form as follows and return the form to The Chapel.

The Chapel
Attn: Business Office
2505 W. Hamilton Road S.
Fort Wayne, IN 46814

- Initial each of the three sets of brackets
- Depository (Bank) Name and address of financial institution
- Routing number and Account Number
- Indicate if withdrawal should come from checking or savings
- Account Holder Name
- Note the month and day you would like auto withdrawal to begin
- Designate the dollar amount to be withdrawn
- Sign and date
- Include a voided check

Authorization Agreement **ACH Debits/Automatic Withdrawal**

Recipient Name: **The Chapel, Inc.**
2505 West Hamilton Road South
Fort Wayne, IN 46814
260-625-6200

Tax ID Number: **35-1930152**

I hereby authorize The Chapel (); to debit payments (and if necessary, credit entries for reversal or adjustment, for any debit entries created in error) to my account at the designated depository named below, hereinafter called DEPOSITORY. I hereby accept responsibility to notify The Chapel (), of any changes in the depository or account number, in a timely manner. I also agree to notify The Chapel () in the event of an error in this payment and assist them in resolving it.

Depository (Bank) Name: _____

City, State and Zip (depository): _____

ABA Number/Routing Number (9 digits): _____

Account Number: _____ Checking _____ Savings _____

Name on the Account: _____

Withdrawals will begin the month of _____; made on the following monthly schedule:

	General	Building
The 5 th of the month: \$	_____	\$ _____
The 10 th of the month: \$	_____	\$ _____
The 15 th of the month: \$	_____	\$ _____
The 20 th of the month: \$	_____	\$ _____

Signed: _____ Date: _____

Witness: _____