

# LightHouse

4299 George Washington Memorial Highway  
Hayes, VA 23072  
804-642-2752

## ACH Recurring Donation Authorization Form

Schedule your donation to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

### Recurring Donations Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your donation is always made for you (even if you're out of town)

### Here's How Recurring Donations Work:

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated below. The charge will appear on your bank statement as an "ACH Debit."

### Please complete the information below:

I \_\_\_\_\_ authorize **LightHouse** to charge my bank account  
(full name)

indicated below on the \_\_\_\_\_ of each month.  
(day or date)

Total Amount to charge \$ \_\_\_\_\_

Breakdown of the charge amount above

Tithe \$ \_\_\_\_\_ Kingdom Builders \$ \_\_\_\_\_ Other (Specify) \_\_\_\_\_ \$ \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type:  Checking  Savings

Name on Acct \_\_\_\_\_

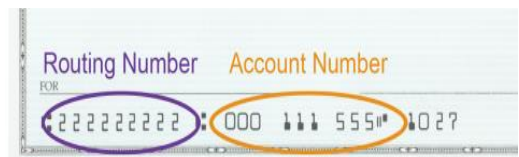
Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_

**\*\*PLEASE ATTACH A VOIDED CHECK TO THIS COMPLETED FORM.\*\***



LIGHTHOUSE REQUIRES 10 BUSINESS DAYS NOTIFICATION PRIOR TO ACH TERMINATION.  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**WHEN COMPLETED, FOR SECURITY PURPOSES, PLEASE INSERT INTO AN OFFERING ENVELOPE, AND EITHER PLACE IN THE OFFERING BAG OR TURN INTO THE OFFICE. THANKS!**

I understand that this authorization will remain in full force and effect until LightHouse has received written notification from me of its termination in such time and in such manner as to afford LightHouse and sending Bank a reasonable opportunity to act on it. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form. NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZAZATION.