

Hope Community Church Bank Draft Form

Please check one of the following:

Voided check required for:	<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Bank Account Information
Submit this form or email accounting@gethope.net to:	<input type="checkbox"/> Change draft schedule or contribution amount <input type="checkbox"/> Cancel automatic giving <input type="checkbox"/> Change in name, address, phone or email

Date: _____

Name: _____ Last: _____
First M.I.

Address: _____ ZIP: _____

Phone: () - () - () - _____
Home Work Cell

Email: _____

Regular Contributions

General Fund	\$	
Global Hope	\$	
Local Hope	\$	
Multi-Site Fund	\$	
Total Draft Amount	\$	

Draft Frequency

Weekly – Every Tuesday

Semi-monthly – 1st & 15th (twice a month)

Monthly: 1st or 15th (check one)

****Please attach a **VOIDED** check here.****

Account Information

To process your initial enrollment or to change your bank account information, we need the following information printed on your personal check.

Account Holder: _____

Bank Name: _____

Bank Routing Number (9 digits): _____

Account Number: _____

I authorize Hope Community Church and Crescent State Bank to process debit entries from my checking account or savings account as indicated on this form. I understand that this authorization will remain in effect until I have it canceled. If I wish to make a bank account change, I will submit a voided check or savings deposit slip.

Signature: _____ **Date**

If you have any bank draft giving questions please contact Hope Accounting at accounting@gethope.net or 919.532.0620 ext 159.