



## DIRECT DEPOSIT ENROLLMENT FORM

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

### BANK INFORMATION

1) Bank Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Routing# (ABA) \_\_\_\_\_

Account Type (circle one):    Checking / Savings                      Account#: \_\_\_\_\_

Percent: \_\_\_\_\_                      Amount\*: \_\_\_\_\_

(\***NOTE:** If you enter an amount, a second financial institution **MUST** be entered below)

2) Bank Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Routing# (ABA) \_\_\_\_\_

Account Type (circle one):    Checking / Savings                      Account#: \_\_\_\_\_

Percent\*: \_\_\_\_\_                      Amount: **Remaining Balance**

(\***NOTE:** Total percent **MUST** equal 100%)

*I certify that Lutheran Church of Hope has my permission to initiate credit entries to my Checking/Savings Account listed on this form. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US Law.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_