



RETIRE OUR MORTGAGE CAMPAIGN

Automatic Bank Withdrawal Authorization

Please Print:

I/We, _____, hereby authorize Highview Christian Fellowship to make automatic electronic withdrawals of funds from my/our bank savings or checking account as indicated below:

Financial Institution:

Branch Address:

City _____ State _____ Zip Code _____

Transit Routing Number _____ Acct Number _____

Amount \$ _____ Frequency: weekly bi-Weekly monthly

*Type of Account: checking savings Beginning Date ____/____/____

Signature

Signature

____/____/____
Date

***Note: If you select checking, please attach a voided check**

Please fax or mail this authorization along with your pledge form to:
Retire Our Mortgage Campaign
Highview Christian Fellowship, 4100 Hunt Road, Fairfax, Virginia 22032.