

Little Falls Presbyterian Church

ACH Debit Agreement

This authorizes Little Falls Presbyterian Church to debit my bank account in the amount of \$ _____ each month as a gift to the General Fund of the church beginning on or soon after _____. I understand the indicated amount will be debited on or soon after the 11th of each month.

A copy of a voided check for the following account is attached.

Name of Bank: _____

Account number: _____

Should I want to discontinue the debiting procedure, I will notify one of the Co-Treasurers of Little Falls (either Susan J. Hotine or John B. Dubeck) by e-mail to Treasurer@littlefallschurch.org at least a week prior to the next transaction.

Name of Member (Printed)

Signature

Date

e-mail: _____

Phone #'s: _____ (h) _____ (w) _____ (c)

Co-Treasurers contact information: 703 241-0365 (h)
c/o LFPC , 6025 Little Falls Rd. Arlington, VA 22207

Treasurer@littlefallschurch.org

Susan Hotine: shotine@scribnerhall.com

John Dubeck: jbd28@cornell.edu

Attachment: Copy of voided check (OK to send a pdf copy attached to an e-mail).