

**Hohte Misrak Kidane Mihret  
Ethiopian Orthodox Tewahedo Church  
6509 Riggs Rd \* Hyattsville, MD, 20782 \* 301-559-4656**

**Direct Payment Enrollment Form (Recurring)**

To enroll in the Direct Payment program, please complete all sections below. Sign the authorization section and return this form **with a voided check** to **Hohte Misrak Kidane Mihret Church**. If you have questions, contact at 301-559-4656.

**Name and Address Information**

Name

Phone Number

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Address

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City

State

Zip

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**Bank Account Information**

Bank Name

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Bank Address

City

State

Zip

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Bank Routing Number

Account Number

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**Payment Information**

Payment Amount

Payment Beginning Date

Number of Payments(If applicable)

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Payment Frequency

Weekly

Bi-Weekly

Monthly

**Authorization**

I/We authorize **Hohte Misrak Kidane Mihret Church** to initiate debit entries to my/our (select one)  Checking or  Savings account if any item is returned unpaid. I/we authorize an additional returned check fee of the maximum amount as allowed by the state to be charged to this account.

This authorization is to remain in full force and effect for these payments until **Hohte Misrak Kidane Mihret Church** has received written notification from me/us of its termination, in such time and manner as to afford them, and their Financial Institution reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (printed)

*Please remember to attach a voided check to this authorization*