



**METROPOLITAN  
WASHINGTON, D.C.**  
SYNOD ELCA

**DIRECT DEPOSIT AUTHORIZATION**  
**METROPOLITAN WASHINGTON, DC SYNOD, ELCA**

This authorizes the **Metropolitan Washington D.C. Synod of the ELCA** to send credit entries (and appropriate debit and adjustment entries) electronically or by any other commercially acceptable method to the account listed below. This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. law.

This authorization will be in effect until the Synod receives a written termination notice from the person indicated below and has a reasonable opportunity to act on it.

Name of Org/Person: \_\_\_\_\_

Address/City/State: \_\_\_\_\_

Name of bank: \_\_\_\_\_

Account type: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Please select ONE of the following as preferred payment method:

\_\_\_ **Via ACH transfer**

Bank routing number (9 digits): \_\_\_\_\_

Account number: \_\_\_\_\_

\_\_\_ **Via Zelle**

Phone number or email address: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

Print name: \_\_\_\_\_

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

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

*Please complete and return this form to the Metropolitan Washington, D.C. Synod, at [jhamre@metrodcelca.org](mailto:jhamre@metrodcelca.org).*