

Burke & Herbert Bank & Trust Company
Agreement for Preauthorized Repetitive Payment

I (we) hereby authorize Burke & Herbert Bank & Trust Co. to initiate by electronic debit/credit entries from my (our) account at the Financial Institution named below (hereafter called Depository) for my (our) Savings/Checking/Money Market account indicated below:

Depository Bank Information: Bank Name: Burke & Herbert

Account Number: _____ Routing/Transit ABA Number: 056001066

Account Type: Checking Savings Money Market Loan

Account Title: ODPC Worship Center

Address: 4235 Annandale Road

City: Annandale State: VA Zip Code: 22003 Daytime Phone: 703-519-1627

Debit Account Information: Bank Name: _____
Please attach voided check

Account Number: _____ Routing/Transit ABA Number: _____

Account Type: Checking Savings Money Market

Amount: _____ Effective Date: _____

Account Title: _____

Address: _____ City: _____ State: _____ Zip: _____

I (we) authorize Burke & Herbert Bank & Trust Company to initiate debit or credit entries and to initiate, if necessary, adjustment entries made in error to my bank account indicated above, and the Depository Bank named above to debit or credit the same to such account. I (we) acknowledge that Burke & Herbert Bank & Trust Company bears no responsibility for the denial of payment by the Drawee Bank or the Drawer of said account described above. I (we) may terminate this authorization by providing Burke & Herbert Bank & Trust Company written notice thirty (30) days prior to the next payment date.

It is understood that Burke & Herbert Bank & Trust Company may terminate this agreement for any reason upon proper notice, including but not limited to the dishonoring of the debit or credit transaction for reasons of non-sufficient funds three (3) times in any twelve (12) month period. I (we) also understand that any dishonored debit or credit entry may be subject to the current return fee disclosed in Burke & Herbert Bank & Trust Company's Fee Schedule available at branch offices or by mail.

I (we) acknowledge that Burke & Herbert Bank & Trust Company may give me (us) credit or debit for Automated Clearing House (ACH) payments before it receives final settlement of the funds transfer. Any such credit or debit is provisional until Burke & Herbert Bank & Trust Company receives final settlement of the payment. I (we) agree that if Burke & Herbert Bank & Trust Company does not receive such final settlement, Burke & Herbert Bank & Trust Company is entitled to a refund from me (us) of the amount credited or debited to me (us) in connection with that ACH entry.

- Please Note:
1. Please attach one of your checks marked "VOID".
 2. A Separate authorization agreement is required for each payment amount.
 3. Debits to money market accounts are limited by law and/or bank policy. If you wish to have a money market account debited, verify acceptability with your depository bank prior to submitting authorization to Burke & Herbert Bank & Trust Company
 4. Allow fifteen (15) business days for the request to be processed.

Date: _____ Signed: _____ Daytime Phone No. _____

Date: _____ Signed: _____ Daytime Phone No. _____

Send to: Burke & Herbert Bank & Trust Co.
Attn: EFT Department
PO Box 268
Alexandria, VA. 22313

Bank Use

Accepted By: _____ Date: _____ Keyed By: _____

TRANSACTIONS IN EXCESS OF \$2,000.00 REQUIRE ADDITIONAL REVIEW