

Automatic Bank Account Debit Authorization

A VOIDED CHECK MUST ACCOMPANY THIS FORM

I (we) hereby authorize Holy Trinity Episcopal Church (HT) to modify an existing Automatic Bank Account Debit authorization or initiate a new Automatic Debit Authorization to monthly debit my (Our) account listed below each month for the amount authorized herein. I understand that this authorization remains in effect until HT receives from me a written notice to modify or terminate this Automatic Debit Authorization. Such written requests to modify or terminate this Automatic Debit Authorization must be received by HT in such time and manner to afford my financial institution a reasonable time to act upon my request.

Amount of Monthly Automatic Debit Authorization \$ _____

Initiate Monthly Deductions on the 15th day of _____ Month _____ Year.

Name (s) on check (please print) _____

Your signature (s) _____ Date _____

_____ Date _____

Is this account a Checking _____? Or Savings Account _____? Check one

A VOIDED CHECK MUST ACCOMPANY THIS FORM



Automatic Credit Card Authorization

I hereby authorize the Holy Trinity Episcopal Church (HT) to modify an existing Automatic Credit Card Authorization or initiate a new Automatic Credit Card Authorization to charge each month my (circle one) debit or credit card for the amount authorized below. HT is authorized to continue such charges until notified by me in writing to modify or terminate such charges.

Amount of Monthly Automatic Credit Card Authorization \$ _____

Initiate monthly charge on the 3rd day of _____ Month _____ Year.

Circle one: American Express Discover Master Card Visa

Account Number: _____ Expiration Date: _____

Please Print Name as it **appears** on Card _____

Card Billing Mailing Address with Zip Code _____

Your Signature: _____