

AUTHORIZATION FOR AUTOMATIC BANK WITHDRAWAL FOR TITHING PAYMENTS

YOUR NAME _____

NEW PARTICIPANTS AND/OR NEW BANK INFORMATION - PLEASE COMPLETE

BANK NAME

CITY STATE ZIP

Payments should be taken from: PLEASE CIRCLE TYPE Checking Account OR Savings Account

PLEASE ATTACH VOIDED CHECK (not a deposit slip) HERE

AUTOMATIC PAYMENT PLAN

Month of first payment _____

You may have your tithing payment withdrawn once or twice a month on the 5th and/or the 20th. Please indicate date and amount below.

5th amount \$ _____ 20th amount \$ _____

Total monthly tithing contribution \$ _____

I understand that this agreement will automatically renew for tithing payments each January. Changes in amount or cancellation of contract may be made by calling the Church Office at 255-3162 x1125.

X _____
Signature Date

X _____
Authorized Holy Trinity Signature Date