



2023 ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

Today's Date: _____

Type of Authorization: New Authorization Change Donation Amount
Update Bank/Payment Info.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Cell Phone: _____

Please debit my gift from my (check one) Checking/Savings Account Credit/Debit Card

For checking or savings account withdrawals, please fill out the following:

Bank Name: _____

Bank Routing Number: _____ Bank Account Number: _____

For Credit or Debit Card withdrawals, please fill out the following:

Type of Card: Visa Mastercard American Express Discover

Credit/Debit Card Number: _____

Expiration Date: _____ CCV: _____

Total Amount of 2023 Pledge: \$ _____

Amount of \$ _____ to be drafted on the 15th of the month.

Agreement

I authorize Trinity Episcopal Church and its bank to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. I also understand that once the amount of my total pledge is reached, debits will discontinue and this agreement will terminate automatically.

Signature: _____ Date: _____

Please return completed forms to:
Trinity Episcopal Church, Attn: Stewardship Department, 1329 Jackson Avenue, New Orleans, LA 70130
Or email form to Raina O'Neil at roneil@trinitynola.com
Questions? Kindly call Raina O'Neil, Director of Stewardship, at 504-670-2537.
Thank you!