TRINITY
EPISCOPAL CHURCH

## AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

**(Electric Funds Transfer - EFT)**

I/we hereby authorize Trinity Episcopal Church, hereinafter called Trinity, to initiate debit entries to my/our (select one):

☐ Checking ☐ Savings ☐ Debit Card ☐ Credit Card

The depository (bank or other financial institution) named below, to debit the same to such account as follows:

Amount of $_____ to be drafted on either the ☐ 15th or the ☐ 30th of the month (check one).

**For Checking or Saving Account withdrawals, please fill out the following:**

DEPOSITORY NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ROUTING No. _____ ACCOUNT No. _____

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

CREDIT/DEBIT CARD NUMBER: _____

EXPIRATION DATE: _____ CCV: _____

TYPE OF CARD: ☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS ☐ DISCOVER

This authority is to remain in full force and effect until Trinity has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Trinity and the depository a reasonable opportunity to act on it.

NAME(S) _____

DATE _____SIGNED_____

Please return completed forms to:
Raina O'Neil, Director of Development, via email roneil@trinitynola.com
or mail to Trinity Church, Attn: Raina O'Neil, 1329 Jackson Ave., New Orleans, LA 70130.
Please call Raina with any questions at 504-670-2537. Thank you!