



Consumer Debit Authorization

Instructions: Please complete this form and drop off with a copy of a VOIDED check at the Trinity Church Administration Office, 1231 E. Pleasant Run Rd., in Cedar Hill or you may mail this form and a copy of a VOIDED check to:

Trinity Church
Attn: Accounting Department
1231 E. Pleasant Run Rd.
Cedar Hill, Texas 75104

I (we) hereby authorize Trinity Church to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for tithe and/or a "over and above" gift. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) _____ (Branch) _____

(Address) _____ (City/State) _____ (Zip) _____

(Routing Number) _____ (Account Number) _____ Type of Acct.: Checking Savings

Debit my account on:

1st of each month \$ _____ Tithe _____
\$ _____ Offering _____

15th of each month \$ _____ Tithe _____
\$ _____ Offering _____

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

(Print Individual Name) _____ (Signature) _____ (Date) _____

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!