

Trinity Episcopal Church  
1900 Dauphin Street  
Mobile, AL 36606

**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(As it appears on financial institution records)*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit/ABA #: \_\_\_\_\_ Checking Account #: \_\_\_\_\_

Draft Amount: \$ \_\_\_\_\_ 1<sup>st</sup> business day and/or \$ \_\_\_\_\_ 15th day of each month.

Effective Date: \_\_\_\_\_

I hereby authorize the Financial Institution named above to pay my monthly or semi-monthly pledge payment by charging each payment to my account and to make that deduction payable to the order of Trinity Episcopal Church. I agree that each payment shall be the same as if it were an instrument personally signed by me. This authority is to remain in effect until revoked by me in writing. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however, that both the Financial Institution and Trinity Episcopal Church reserve the right to terminate this payment plan (or my participation therein).

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

NOTE: Please return this authorization and a VOIDED check on your account to:

Trinity Episcopal Church  
PO Box 6176  
Mobile, AL 36660-0176  
ATTN: Katherine C. Wall