

AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS

Company Name: Holy Trinity Church

Company ID: School Tuition Payments

I (we) hereby authorize **Holy Trinity Church**, to initiate **monthly** debit entries to my/our (select one):

Checking account or

Savings account

indicated below and the bank named below to debit same to such account.

Bank Name _____ City _____ State _____ Zip _____

Routing # (first 9 digits at the bottom of check) _____ Account # _____

Amount \$ _____ Day of the month to debit account: (Choose One) 1st or 15th
Beginning in - July

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

Name _____ Signature _____ Date _____