



I hereby authorize, Trinity Baptist Church, to initiate automatic withdrawals from my account at the financial institution named below.

Further, I agree not to hold ,Trinity Baptist Church, responsible for any loss of funds, due to incorrect, or incomplete information supplied by me, or by my financial institution, or due to an error on the part of my financial institution in withdrawing funds from my account on the 15th of each month.

This agreement will remain in effect until, Trinity Baptist Church, receives a written notice of cancellation from me, or my financial institution, or until I submit a new withdrawal form to the Church.

Account Information

Name of Financial Institution : _____

Routing Number: _____(place a copy of a voided check here.)

Account Number:_____

Signature

Authorized Signature(Primary):_____

Date:_____

Authorized Signature(Joint):_____

Date:_____

Indicate how you would like to designated your contributions, on the 15th of each month.

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Budget Offering_____

Missions_____

Building Debt_____

Special Offering_____