

**AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS
(ACH DEBITS)**

Trinity Episcopal Church
The Woodlands, TX

Company ID Number:

I (we) hereby authorize **Trinity Episcopal Church**, hereinafter called COMPANY, to initiate debit entries to my / our (**check one**) checking savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

This will be on a (**check one**)

Bi-Monthly - Bi-Monthly will be processed on the 5th and 20th of each month

in the amount of \$ _____ each period.

OR

Monthly - Monthly will be processed on either the (**check one**) 5th or 20th

of the month in the amount of \$ _____.

DEPOSITORY/BANK NAME:

BRANCH:

CITY:

STATE:

ZIP:

TRANSIT/ABA NUMBER:

ACCOUNT NUMBER:

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

NAME(S):

ID NUMBER:

DATE:

SIGNATURE: