



AUTHORIZATION FOR PRE-AUTHORIZED PAYMENTS

I (we) hereby authorize **Holy Trinity Greek Orthodox Church**, hereafter called COMPANY, to initiate debit entries into my (our) checking or statement savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

(For Savings Account, please fill out the following):

DEPOSITORY NAME _____

DEPOSITORY ADDRESS _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA # _____ ACCOUNT # _____

(For both Savings Account & Checking Account, please fill out the following):

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

NAME(S) _____

ADDRESS _____

Additional information _____

Please attach a voided check if a checking account is selected.

I would like to give weekly: \$15 \$20 \$25 _____ Other Amount
(Please circle one)

I understand that this deduction will be made *monthly* on the 15th.

SIGNATURE _____ DATE _____