



## Electronic Payment — Recurring

*Please complete this document and return to Marty Gillen or Don O'Hara. Please note that only the top portion of this paper will be retained in the office files and the information below the dotted line will be shredded.*

**By completing this form, I authorize Trinity Episcopal Church to use this information to process recurring payments in the form of a check transaction or bank drawn draft from my account for the amount and billing cycle noted below. If my payment is returned due to insufficient funds, I authorize Trinity Episcopal Church to make a one-time electronic funds transfer or to use a bank drawn draft from my account to collect a fee as allowed by state law. To cancel this recurring transaction, I must contact Trinity Episcopal Church with ten business days prior to the desired cancellation date to afford Trinity Episcopal Church time to cancel the recurring payment.**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Name \_\_\_\_\_

Envelope Number \_\_\_\_\_

Amount of each payment \_\_\_\_\_

**Payment options are listed below. Please check your preference.**

\_\_\_ 1st of the month    \_\_\_ 15th of the month    \_\_\_ every Sunday

**ALL INFORMATION BELOW THIS LINE WILL BE SHREDDED ONCE KEYED IN:**

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Bank Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Account Type — Personal      Checking      Other \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E- mail \_\_\_\_\_