

Holy Trinity Greek Orthodox Church Monthly Stewardship Authorization - Electronic Funds Transfer (EFT)

I/we _____ authorize Holy Trinity Greek Orthodox Church to deduct my/our stewardship contribution for the amount specified from the account identified below. I understand that this authorization shall continue until I change or cancel by providing written notice to Holy Trinity Greek Orthodox Church at least 30 days in advance of desired change or cancellation. I/we agree to submit a current pledge annually. Automatic Debit shall occur monthly on the authorized payment date selected below.

Choose Monthly Amount: \$ _____

Check the Authorized Payment Date : 10th of the month

20th of the month

Checking Account
Bank Name:
Routing Number:
Account Number:
PLEASE ATTACH VOIDED CHECK

Signature

Date

Phone number