



DIRECT DEPOSIT TITHING AUTHORIZATION FORM

PERSONAL INFORMATION

Name on Account : _____
(PLEASE PRINT)

Effective Date : _____ / _____ / _____

Address : _____

City : _____ State : _____

Zip : _____ Phone : _____

Type of Authorization : New Authorization Change in Donation Amount/Date Change in Banking Information

Account : Checking Savings

Routing Number : These are the first 9 numbers printed on the bottom of a check and begin with a 0, 1, 2, or 3. For Saving Accounts, contact your bank for the correct number.

Account Number : _____
Account numbers follow the routing number on a check and vary in length.

FIRST DONATION

Frequency of Donation : Weekly on Monday
 On the 1st **and** 15th of each month
 Monthly on the 1st
 Monthly on the 15th

Fund : General Tithe
Amount is per draft as selected in the previous column Food Pantry
Amount : _____

SECOND DONATION

Frequency of Donation : Weekly on Monday
Use this section only if you would like to give to two different funds.
 On the 1st **and** 15th of each month
 Monthly on the 1st
 Monthly on the 15th

Fund : General Tithe
Amount is per draft as selected in the previous column Food Pantry
Amount : _____

AGREEMENT

I authorize Holy Trinity Catholic Church to initiate an ACH withdrawal from my account in the amounts described above. My payment will be processed by Vanco Services, LLC. I understand that I may amend or end this agreement at any time by contacting the parish bookkeeper via telephone or in writing with 72 hours notice.

Authorized Signature : _____ Date : _____