



Automatic Giving Form

I, _____ (*print full name*) hereby authorize Holy Trinity Parish to automatically withdraw funds from my financial institution as follows:

Contributions for: \$_____ Sunday Offering \$_____ Parish Building Fund

To be taken out: _____ 1st of month _____ 15th of month

Last Name: _____ First Name: _____

Full Mailing Address: _____

Postal Code: _____ Telephone: _____ Envelope #: _____

Email Address: _____

My Financial Institution: _____ is hereby authorized to debit the following account:

1. All amounts payable to the parish drawn on or directed to you by a chartered bank on behalf of Holy Trinity Parish.
2. This authorization may be cancelled or modified any time with at least **10 days** written notice.
3. You have certain recourse rights if any debit does not comply with this agreement. You have the right to receive reimbursement for any debit that is not authorized or is not consistent with this agreement.
4. Any delivery of this authorization to you constitutes delivery by the undersigned.

Date: _____

Signature: _____

Please attach a cheque marked "VOID" or equivalent form from the bank

If you have any questions, please call the parish office: 902-865-2112