

Direct Debit Program

Did you know you can choose to electronically contribute? The Direct Debit is offered to members of the congregation as a convenient and secure way to fulfill your financial commitment to the church. You may choose to have your account debited monthly, semi-monthly, or annually.

To enroll, simply complete the Direct Debit Program Form below and return to the Finance Office. If you have any questions, please contact the Finance Office at 410-679-4000, x 122.

Direct Debit Program
Authorization Agreement for
ACH Debits – Enrollment Form

Annual Contribution: \$ _____	Monthly/Semi-Monthly Contribution: _____ (Circle Monthly or Semi-Monthly)
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I (We) authorize Trinity Evangelical Lutheran Church (“Trinity Lutheran”) to automatically debit my (our) account on the 10th and/or 25th of each month for our financial contribution to Trinity Lutheran as indicated on this enrollment form. I (we) understand that Trinity Lutheran reserves the right, upon written notification, to terminate my (our) participation in this program. My (our) participation in this program is subject to approval by Trinity Lutheran. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

PLEASE COMPLETE ALL INFORMATION:

My first deduction should begin on _____
(Start Date)

Financial Institution Name: _____ **Account Number:** _____

Financial Institution R/T# _____ **(Must be 9 digits Ex.: 052001633)**

Account Type (Circle One)	Checking	Savings
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Important:

1. If you selected **Checking** account type, **attach a voided blank check.**
2. If you selected **Savings** account type, **please have your financial institution verify the Routing & Transit (R/T) and account numbers.**

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

Account Name: _____ (Please Print)	Joint Account Name: _____ (Please Print)
Signature: _____	Signature: _____
Date: _____	