

AUTHORIZATION FOR DIRECT PAYMENT/ELECTRONIC GIVING

STAPLE VOIDED CHECK OR
OR SAVINGS DEPOSIT SLIP HERE

I authorize **Most Holy Trinity Church, Veseli, MN** and the financial institution named below to initiate electronic entries from my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged.

(NAME OF FINANCIAL INSTITUTION)

(BRANCH)

(CITY)

(STATE)

(ZIP CODE)

(SIGNATURE)

(DATE)

(NAME – PLEASE PRINT)

(ADDRESS – PLEASE PRINT)

Account Number _____

Checking

Savings

Financial Institution Routing Number _____

ELECTRONIC GIVING TERMS

Electronic giving transfers will take place the first Friday of each month. (If the day is a bank holiday, this transfer will automatically be made on the following business day.)

Amount of my monthly contribution: \$ _____

Date of first contribution: ____/____/____

I authorize Most Holy Trinity Church of Veseli, Minnesota to initiate electronic entries from my checking/savings account and have agreed to the terms listed above. I may revoke my authorization at any time by writing to the address below, or sending an email to mhtveseli@gmail.com.

Most Holy Trinity Church
4939 N. Washington Street
Veseli, MN 55046
(507-744-2783)

Office use only

Date entered:

Date cancelled: