



TRINITY PRESBYTERIAN CHURCH (USA), INC.
ELECTRONIC FUNDS TRANSFER—CREDIT/DEBIT CARD AUTHORIZATION

Our electronic funds (EFT) or Credit/Debit card authorization makes monthly giving to the church effortless for you. Funds will be setup through Shelby Online Giving to automatically transfer from your account to the church’s on the third day of every month. If the third falls on a Saturday, Sunday or holiday, the transfer generally occurs on the next business day.

- 1. **Indicate amount to transfer monthly.** 100 percent of your contribution will go to the general fund, pledged or unpledged, unless you specify otherwise, (e.g. 90% Pledge, 10% Deacons Fund, 10% Missions).
- 2. **Attach a voided check or fill in credit/debit card information.** Complete remainder of form and sign and date at the bottom.
- 3. **Return the form to:** Trinity Presbyterian Church, ATTN: Finance Office, 156 Florida Park Dr. Palm Coast, FL 32137.

Questions? Call Judy Grady 386-445-4757 ext. 321 or email tpc-finance@cfl.rr.com

Amount to be transferred \$ _____

100% of your monthly contribution goes to the general fund unless otherwise specified

Specify allocation to church funds _____

Authorization Agreement for Preauthorized Payments

COMPANY NAME: Trinity Presbyterian Church (USA), Inc.

PICK ONE:

_____ I (we) hereby authorize, Trinity Presbyterian Church (USA), Inc., hereinafter called COMPANY, to initiate debit entries to my (our) Checking account indicated below, hereinafter called BANK, to debit the same to such account.

BANK NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

ROUTING/ABA NO. _____ ACCOUNT NO. _____

(ATTACH VOIDED CHECK)

_____ I (we) hereby authorize, Trinity Presbyterian Church (USA), Inc., hereinafter called COMPANY, to charge my (our) credit or debit card indicated below, hereinafter called BANK, to charge the same to such account.

CARD NUMBER _____ EXPIRATION DATE ____/____

CVV CODE (security code) _____ CARDHOLDER NAME _____

BILLING STREET ADDRESS _____ BILLING ZIP CODE _____

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY a reasonable opportunity to act on it.

NAME(S) _____

DATE _____ SIGNED _____