

Date to begin _____

Trinity United Methodist Church
Compass Bank
Authorization Agreement for Bank Drafts *

Bank Name _____

Account Number _____

Transit/ABA Number _____

I do hereby authorize Trinity United Methodist Church to initiate withdrawals from my checking accounting (listed above) on or around 20th of each month as shown below:

Name: _____ **Date:** _____
(Please print)

Signature: _____

Below are the designated funds for this monthly transaction:

Ministries: _____

Building Fund: _____

Trinity Unbound
(Capital Funds Campaign) _____

Other: _____

Total: _____

*** Please include a voided check or deposit slip with your form.**