

AUTOMATIC CONTRIBUTION AUTHORIZATION
TO MAKE CONTRIBUTIONS TO TRINITY LUTHERAN CHURCH

By completing this form, I/we authorize Security Bank to Debit my checking/savings account to make my/our regular contributions to Trinity Lutheran Church.

I/we understand that I/we can cancel this agreement at any time, but must do so in writing to Trinity Lutheran Church, 220 S. 2nd St., Springfield, IL 62701, 30 days in advance of cancellation, on a form provided by Trinity Lutheran Church for this purpose.

I/we will have the opportunity to change the amount that is donated in January and July each year, by completing a form for that purpose, provided by TLC.

I understand that Trinity Lutheran Church will not be responsible for any fees associated with overdrafts charged by my bank.

I have enclosed a copy of a voided check or a savings account deposit slip.

Contributor's Name _____

Contributor's Authorized Signature _____ Date _____

Contributor's Telephone Number _____ Email _____

My/our Bank Name _____

My/our Bank's Routing Number (9 digits) _____

My/our Account Number _____

A \$ _____ Total per month to be debited from my account.

Please choose from the following dates for your Automatic Contribution Program:

\$ _____ On the 5th of each month

\$ _____ On the 20th of each month

\$ _____ One-half on the 5th and one-half on the 20th; of each month

Beginning on (month) _____ Year _____

(If the selected due date falls on a week-end or a legal holiday, the transmittal date will be the next business day.)

TLC Member Signature _____ Date _____

Instructions to Trinity's Financial Secretary about crediting my account.

Church Envelope Number: _____

I/we want to include my/our monthly payment toward my/our Building Fund Pledge and have added \$ _____ in the above A - Total for this payment. Please credit my Pledge account.

Send completed form to Church Office 220 S. 2nd St. Springfield, IL 62701, Attn: Financial Secretary.

Revised 2/18/2010