Authorization Agreement for Automated Giving

I, _____, hereby authorize **Spirit of Christ Mission**, 1475 Eaton Street, Missoula, MT and **BITTERROOT VALLEY BANK**, Lolo, MT to initiate debit entries to my Checking or Savings account indicated below and the depository named below to debit the same such amount.

The amount $_____ will be deducted once a month—on the 15th day of the month.

Depository (your bank):

Name _____
Address _____ _____
City, State, Zip _____

Banking Transit-ABA #: _____
(always nine digits)

Bank Account Number: _____
Attach to this form a voided check if checking account debit or a pre-printed savings deposit ticket if savings account.

This authorization is to remain in full force effect until Blessed Trinity has received written notification at least ten business days in advance of the desired termination date.

_____ Date: _____
Authorized signature for above account.
Please Print name_____

If second signature is required:
_____ Date: _____
Authorized signature for above account
Please Print Name_____

I understand that **Blessed Trinity** may initiate a reversal of any entry made under this Initial agreement if an error has been made. I understand that the financial institution at which I have the above account is required to provide me with the procedures for resolving errors on entries made under this agreement. I understand that Blessed Trinity will provide a written notice to me of the error within 24 hours.

Cancellation of Automated Giving

I, _____, direct **Blessed Trinity** to discontinue automatic debit entries to my bank account.

_____ Date: _____
Authorized signature for the parishioner bank account)
Please Print Name_____

Only one signature is necessary to make this cancellation request.

THANK YOU.