



Authorization Agreement for Automated Giving

I, _____, hereby authorize
BLESSED TRINITY CATHOLIC COMMUNITY+ SPIRIT OF CHRIST MISSION,
1475 Eaton Street, Missoula, MT and our parish agent, the **FIRST SECURITY
BANK**, Missoula, 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 5th or the 20th or both days of the month. Please
indicate which day or days you want the funds withdrawn.

Day(s) selected: 5th _____, 20th _____, Both _____, (Please check one)

Depository (your bank): Name _____
Address _____
City, State, Zip _____

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

Your 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+Spirit of Christ has received written notification at
least ten business days in advance of the desired termination date.

Authorized signature for above account. Date: _____

Please Print name _____

If second signature is required:

Authorized signature for above account Date: _____

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.

Authorized signature for the parishioner bank account) Date: _____

Please Print Name _____

Only one signature is necessary to make this cancellation request.

THANK YOU.