

New Authorization Change Cancel



Holy Trinity Catholic Church
8213 Linton Hall Road
Gainesville, VA 20155
703-753-6700

EFT AUTHORIZATION FORM

Parishioner's Name _____

Address _____

City _____ State _____ Card's Billing Zip Code _____

E-Mail Address _____

Daytime Phone _____ Home Phone _____

Contribution Type: Regular Offering \$ _____ (Monthly Amount)

Building Fund \$ _____ (Monthly Amount)

Samaritan \$ _____ (Monthly Amount)

Total monthly amount to be deducted: \$ _____ (Deducted monthly on the 15th of the month.)

PLEASE COMPLETE THE PAYMENT METHOD OF YOUR CHOICE:

VISA MASTER CARD AMEX DISCOVER DEBIT

Credit Card Number : _____

Expiration Date: _____

I agree to pay the above total amount

Signature: _____ Date: _____

PLEASE SUBMIT THIS FORM IN THE WEEKLY COLLECTION BASKET OR DROP IT OFF AT THE RECTORY.

OFFICE USE ONLY Date Received:

Effective Date:

Parishioner's ID: