

Trinity Bank, N.A.
3500 West Vickery Blvd.
Fort Worth, Texas 76107
Phone: 817-569-7220
Fax: 817-569-7275
www.TrinityBk.com

ACH DEBIT AUTHORIZATION

I authorize **Trinity Bank N.A.** on behalf of **Volunteers For Christ, Inc.**, to initiate an ACH automatic electronic debit from my account for the amount of \$_____. This debit entry will take place on the ____ 1st or ____ 15th day (select one) of each month, known as the “effective date”, beginning _____(month/year). In the event that this day falls on a non-business day, the effective date will be the previous business day. If the original ACH debit should be returned by my bank for reason of insufficient funds, I hereby authorize **Trinity Bank N.A.** to re-initiate the ACH debit one time only. I understand that this authorization can be “revoked” by me through my bank at any time with 10 days notification.

I have provided the appropriate bank information by attaching a copy of a voided check. If a savings account is chosen, I have provided the correct account number.

Signed _____

Bank Name _____

Account # _____ **Type of Account** _____

Name _____

Address _____ **City & State** _____

Attach voided check or deposit slip here