

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.

Please apply my contribution towards: _____.

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 and return to:
Volunteers for Christ, 1635 Rogers Road, Fort Worth, TX 76107