



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)

Debt Reduction \$ _____ (Monthly Amount)

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

Please indicate:

New Authorization Change Cancel

PLEASE COMPLETE THE PAYMENT METHOD OF YOUR CHOICE:

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTER CARD	<input type="checkbox"/> AMEX	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> 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 CHURCH OFFICE.