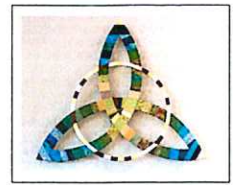


Blessed Trinity Catholic Church

958 E. Tuscola St., Frankenmuth, MI 48734

989-652-3259



Authorization Agreement for Automatic Withdrawal of Funds

Name (please print) _____

Address _____

City _____ State _____ Zip _____

Please debit my contributions from (check one):

checking account (attach a voided check) routing number _____

savings account (attach a savings deposit slip) account number _____

I would still like to receive contribution envelopes envelope # _____

I do not want to continue receiving contribution envelopes

start date _____

I would like to make the following regular contributions:

Church Fund

Regular Collection \$ _____ Weekly – Mondays

Semi-Monthly on 1st and 15th
Monthly on 1st or 15th (circle one)

Parish Debt Retirement Fund \$ _____

Annual Collections – Holy Days

Solemnity of Mary (January 1) \$ _____ transferred on January 1

Assumption of Mary (August 15) \$ _____ transferred on August 15

All Saints (November 1) \$ _____ transferred on November 1

Immaculate Conception (December 8) \$ _____ transferred on December 1

Christmas (December 25) \$ _____ transferred on December 30

Diocesan Collections

Priest Retirement \$ _____ transferred on June 15

Missionary Co-op \$ _____ transferred on August 1

World Mission Sunday \$ _____ transferred on October 15

Retirement for Religious \$ _____ transferred on December 15

Missions/Catholic Relief Services

Catholic Relief Services Appeal \$ _____ transferred on April 1

Catholic Campaign for Human Development \$ _____ transferred on November 15

I authorize Blessed Trinity Catholic Church to process debit entries from my account as indicated above. I understand that this authorization will remain in effect until I provide reasonable notification of its termination. I have attached a voided check or savings deposit slip.

Signature _____ Date _____