



Trinity Buckingham Episcopal Church

PO BOX 387, Buckingham, PA 18912

Electronic Payment-----Recurring

Please complete this document and return to the office. Please note that only the top portion of this document will be retained in the office files and the information below the dotted line will be shredded.

By completing this form, I/we authorize Trinity Episcopal Church, Buckingham, PA. to use this information to process recurring payments in the form of a check transaction or bank drawn draft from my account for the amount and billing cycle noted below. If my payment is returned due to insufficient funds, I authorize Trinity Episcopal Church to make a one-time electronic funds transfer or to use a bank drawn draft from my account to collect a fee as allowed by Pennsylvania state law. To cancel this recurring transaction, I must contact Trinity Episcopal Church ten days prior to the desired cancellation date to allow Trinity Episcopal Church time to cancel the recurring payment.

NAME _____

SIGNATURE _____

DATE _____

ADDRESS _____

PHONE _____

E-MAIL _____

AMOUNT OF EACH PAYMENT \$ _____

Payment options are listed below. Please check your preference.

1st of the month 15th of the month every Sunday

Please provide envelopes for special occasion

ALL INFORMATION BELOW THIS LINE WILL BE SHREDDED ONCE DATA IS PROCESSED:

Bank Routing Number _____

Bank Name _____

Bank Account Number _____

Account Type: Checking Savings Other _____