Blessed Trinity Catholic Church			Authorization Form		A STATE OF THE STA	ES1843BT
FO	R OFFICE USE ONLY		ENVELOPE #		DATE	
Type of Authorization Form: New authoriz Change dona			ation amount		nking/credit card information electronic donation	
Las	st Name	Billi di mangi i qariddi karagayan mayarana garajangan argayla di di daga ggi	tions disposition with the specific construction of the specific construct	First Name		
Address						
Cit	у			State	Zip	
	te of first donation://	Weekly Biweekly Semi-N Monthl	y of donation: (please y – Mondays kly (every other Mone Monthly – 1 st and 15 th ly on the 1 st erly (1/1, 4/1, 7/1, 10/ lly on 1/7	day)	Building \$_ Diocese Collection \$_	
CHECKING / SAVINGS	Please debit my donation Savings Account (co	ontact your financial in	estitution for Routing #)	Account No	Imper:Check NumberAccount Number	
	I authorize the above chu remain in effect until I pro	ovide reasonable no	otification to terminal	te the authorization		Î
CREDIT CARD	Please charge my donati	on to my (check one	e): 🔲 Visa	☐ MasterCard	☐ American Express ☐	Discover Card
	Credit Card Number:				Expiration Date:	
	Name on Card:				· — · · · · · · · · · · · · · · · · · ·	
	Billing Address (if different	from above):				
	I authorize the above church and Vanco Services, LLC to charge my credit card for StillspeakingMoney in accordance with the information above.					
	Signature (as it appears on	the credit card):			Date:	