



# Holy Trinity Greek Orthodox Church

1701 E. Saginaw St. Lansing, MI 48912

Phone: 517-482-7341

Fax: 517-482-8524

[www.holytrinity-lansing.org](http://www.holytrinity-lansing.org)

## 2018 STEWARDSHIP PLEDGE FORM

In consideration of the blessings of God, I/we pledge to the Lord that we will support Holy Trinity in 2018 with time and talents, as well as with financial contributions in the amount of:

\$ \_\_\_\_\_

☐

I currently am having the funds automatically withdrawn and wish the amount to stay the same.

☐

I currently am having the funds automatically withdrawn and authorize a change to the amount stated above.

YOUR NAME: \_\_\_\_\_ SPOUSE'S NAME: \_\_\_\_\_

CHILDREN (under 18): \_\_\_\_\_

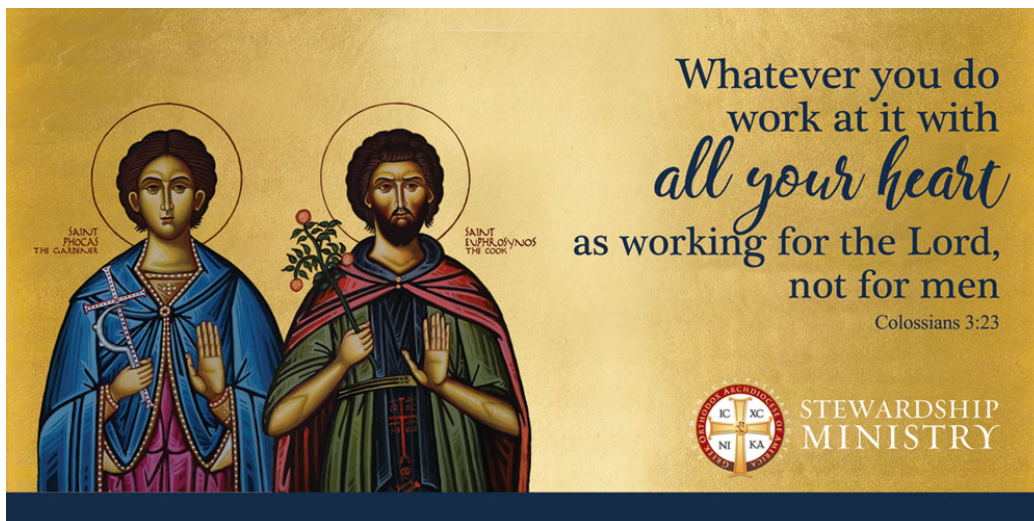
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONES (s): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_





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## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

I (We) authorize HOLY TRINITY GREEK ORTHODOX CHURCH OF LANSING, MICHIGAN, (HTGOC) to initiate transfers of my stewardship from my (our) account specified below at the financial institution named below. In addition, I (we) acknowledge that the direct payment (EFT) transactions from my (our) account must comply with the provisions of U.S. law.

I (We) further acknowledge that if a transfer fails because of Insufficient Funds, Closed Account, or Wrong Account Number, I (we) may be responsible for any fee which the financial institution may assess HTGOC.

NAME OF YOUR FINANCIAL INSTITUTION: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ACCOUNT NAME: (e.g., Special Checking, Money Market Savings, etc.)  
\_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ [ ☐ ] Checking [ ☐ ] Savings

FINANCIAL INSTITUTION ROUTING NUMBER: \_\_\_\_\_

AMOUNT TO BE TRANSFERRED: \_\_\_\_\_

FREQUENCY: \_\_\_\_\_

PLEASE CHOOSE DATE OF 2<sup>ND</sup> OR 16<sup>TH</sup> OF THE MONTH: \_\_\_\_\_

This authorization will remain in full force and effect until HTGOC has received written notification from me (us) of its termination in such time and in such a manner as to afford HTGOC and the Originating Financial Institution a reasonable opportunity to act on it.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**Return completed form to the Parish Office.**