Trinity Episcopal Church
1900 Dauphin Street
Mobile, AL 36606

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I hereby authorize __Trinity Episcopal_____to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my:

_____ Checking Account

_____ Savings Account

indicated below and the depository institution named below to credit and/or debit the same to such account.

DEPOSITORY NAME _____
(Bank Name)

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA # _____ ACCOUNT # _____

This authority is to remain in full force and effect until ___Trinity Episcopal _____ has received written notification from me of its termination in such time and in such manner as to afford _____Trustmark_____and DEPOSITORY a reasonable opportunity to act on it.

NAME _____ ID NUMBER _____
(Please Print)

DATE _____ SIGNATURE _____

NOTE: Please return this authorization along with a VOIDED CHECK on your account to:

Trinity Episcopal Church
PO Box 6176
Mobile, AL 36660-0176
ATTN: Katherine C. Wall