

Holy Trinity Greek Orthodox Church Monthly Stewardship Authorization - Credit/Debit Card

I/we _____ authorize Holy Trinity Greek Orthodox Church to apply my/our stewardship contribution for the amount specified from the Credit/Debit Card identified below. I understand that this authorization shall continue until I change or cancel by providing written notice to Holy Trinity Greek Orthodox Church at least 30 days in advance of desired change or cancellation. I/we agree to submit a current pledge annually. Automatic Debit shall occur monthly on the authorized payment date below.

Choose Monthly Amount: \$ _____

Authorized Payment Date : 10th of the month

Credit Card / Debit Card
Name on Card:
Address (include City, State & Zip):
Card Number:
Expiration Date:
Security Code:

Signature

Date

Phone number