TRINITY LUTHERAN CHURCH
Change of Auto Debit Offering

Name: _____

Please make the following **changes** to my Trinity Lutheran Church **Offering Auto Debit** as follows:

◊ **Contributor(s) Name(s):** From _____

to _____.

◊ **Banking Information**:

    o   From _____ Bank to _____ Bank.

    o   Account Number: From _____ to _____.

◊ **Auto Debit Date**: From the _____ of each month to the _____ of each month.

◊ **Amount of Offering**: From $_____ to $_____.

Signature _____