AUTHORIZATION – ONE ACCOUNT

AUTHORIZATION AGREEMENT FOR **PREAUTHORIZED PAYMENT**

COMPANY NAME: CORPUS CHRISTI CHURCH **COMPANY ID NUMBER: 61-1309087**

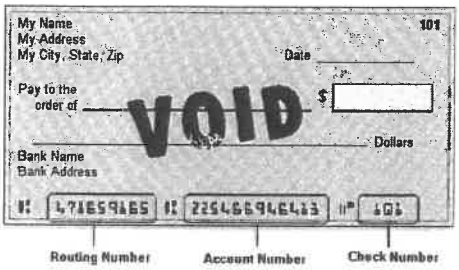
I (We) hereby authorize **CORPUS CHRISTI CHURCH**, hereinafter called **CORPUS CHRISTI**, to initiate debit entries and any adjustments to correct errors to my (our) account indicated below and the depository name below, hereinafter called **DEPOSITORY**, to debit same to each account.

Select One: ☐CHECKING ACCOUNT ☐SAVINGS ACCOUNT

DEPOSITORY NAME: _____

CITY: _____ STATE: _____ ZIP: _____

ROUTING NUMBER: _____ ACCOUNT NUMBER: _____



This authority is to remain in full force and effect until **CORPUS CHRISTI** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **CORPUS CHRISTI** a reasonable opportunity to act on it.

NAME: _____ DATE: _____
(PLEASE PRINT)

SIGNED: _____

BEGINNING DATE: _____ AMOUNT: _____

Select One: ☐ WEEKLY (Monday) ☐ MONTHLY
- ☐ 1st Monday
- ☐ 2nd Monday
- ☐ 3rd Monday
- ☐ 4th Monday

ATTACH VOIDED CHECK HERE

(Not Required)

Please mail or drop off form with voided check to:

Corpus Christi Church
5528 Hogue Road
Evansville, IN 47712