

**AUTHORIZATION – ONE ACCOUNT**

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENT**

**COMPANY NAME: CORPUS CHRISTI CHURCH**

**COMPANY ID NUMBER: 61-1309087**

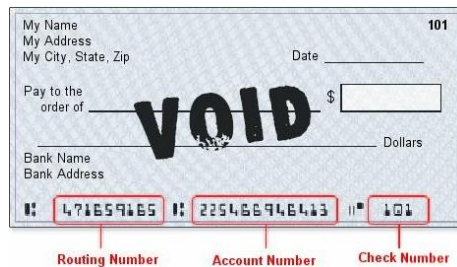
I (We) hereby authorize **CORPUS CHRISTI CHURCH**, hereinafter called **CORPUS CHRISTI**, to initiate debit entries and any adjustments to correct errors to my (our) account indicated below and the depository name below, hereinafter called **DEPOSITORY**, to debit same to each account.

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
- 1<sup>st</sup> Monday
  - 2<sup>nd</sup> Monday
  - 3<sup>rd</sup> Monday
  - 4<sup>th</sup> Monday

ATTACH VOIDED CHECK HERE

*Please mail or drop off form with voided check to: Attn: Carol Reising  
Corpus Christi Church  
5528 Hogue Road  
Evansville, IN 47712*