

**Authorization Agreement of Automatic Withdrawal
The Church of Corpus Christi
Roseville, Minnesota**

I (we) authorize The Church of Corpus Christi to debit my (our) account described below:

CHECKING ACCOUNT #: _____

FINANCIAL INSTITUTION NAME & ADDRESS:

Attach a voided check

Amount to be debited: \$ _____ (Monthly between the 10th and 20th of each month)

Begin Direct Debit on _____ (month), _____ (year)

This authorization will remain in full force and in effect until The Church of Corpus Christi has received written notification from me (or either one of us) of its termination. This notification must be received in the Parish Business Office a minimum of two weeks prior to the termination date.

	<i>Additional signature for joint account</i>
Signature _____	_____
Print Name _____	_____
Address _____ _____	_____ _____
Telephone # _____	_____
Date _____	_____

Please retain this bottom portion for your records.

I (we) have authorized The Church of Corpus Christi to initiate electronic debits from my (our) checking account.

\$ _____ (Monthly between the 10th and 20th of each month)

***Cancellation of this service must be made in writing and sent to:
The Church of Corpus Christi
2131 Fairview Ave. N.
Roseville, MN 55113-5499***