



Corpus Christi University Parish

Offertory EFT Authorization

Name: _____

Street Address: _____

Home Phone: _____

Daytime Phone: _____

Please deduct my Offertory Gift from my bank account:

Bank Name: _____

Account Number: _____

Type of Account Checking Savings

Bank Routing Number: _____

(Please attached a voided check)

I authorize Corpus Christi University Parish to deduct \$ _____ each month on the date checked below:

_____ 2nd of the month

_____ 17th of the month

(This deduction will be made on the date selected each month. If the account balance is low and this deduction cannot be made that day, this transaction will be repeated the following Tuesday and then again if needed. The parish will not carry payments over to the following month. We will mail a notice if we were not able to complete the transaction for the month.)

I understand I may discontinue this plan at any time by contacting Corpus Christi.

Please begin the automatic deduction: _____

Signature: _____ Date: _____

Experience Corpus Christi