

**Christ the King Catholic Church
3010 E. Chandler Ave.
Evansville, IN 47714
Telephone: 476-3061
Fax: 476-3062**

**AUTHORIZATION AGREEMENT FOR DIRECT DEBIT
(Automatic Payment)**

Member Name(s) _____ Phone Number _____

I (We) the undersigned account holder(s) hereby authorize the automatic payment of my (our) budget (offertory gift) to Christ the King, of Evansville, Indiana.

Please withdraw the automatic payment from my (our) Checking ____ Savings ____ Account (select one) and deposit the same in Christ the King Account at Old National Bank in Evansville, Indiana.

Banking Institution Name _____

Street Address _____

City _____ State _____ Zip _____

Transit/ABA# _____ Acct # _____

Amount of Contribution \$ _____

Frequency of Donation: Monthly 1st _____ or 15th _____

We would like our withdrawals to commence on the _____ of _____, 2012 and continue until we give written instructions to cease.

NAME(S) _____

(Please Print)

DATE _____ SIGNED _____

DATE _____ SIGNED _____

Please attach a voided check

*Note: if this is a joint account, all authorized individuals must sign.