

**Debit Authorization**  
(Fixed Amount)

**AUTHORIZATION FORM FOR DIRECT PAYMENT ACH DEBITS**

Company Name: Corpus Christi Parish

I (we) hereby authorize Corpus Christi Parish to initiate debit entries for ( \_\_\_\_\_ ) to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name:	Branch:
Address:	Type of Account (check one below):
City/State:	Checking:
ZIP:	Savings:

Fixed Amount to Debt: \$ _____
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Frequency _____ Once a Month _____ 1 <sup>st</sup> or _____ 15 <sup>th</sup> _____ Twice a Month 1 <sup>st</sup> & 15 <sup>th</sup>
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Would you like us to stop sending you envelopes? _____ Yes _____ No
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Account Name:
Routing Number:
Acct Number:

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

Print Individual Name:
Individual ID Number:
Signature:
Date:

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!