

ALMS Autopay: Automatic Bank Withdrawal

1. I (we) hereby authorize Corpus Christi House (THE CORPORATION) to initiate entries to my checking/savings account at the financial institution listed below (THE FINANCIAL INSTITUTION), and if necessary, initiate adjustments for any transactions credit in error. This authority will remain in effect until THE CORPORATION is notified by me (us) in writing to cancel it in such time as to afford THE CORPORATION and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

2. Monthly Amount to be Debited: \$ _____

3. _____
Signature Date

4. **Attach copy of a voided check from the account to debit.**

5. Print your name, address, and phone if they are not listed on the attached check.

6. Mail this completed form, along with your voided check to:

**Corpus Christi House
525 Americana Blvd.
Boise, Idaho 83702**