

ARCHDIOCESE OF MOBILE
Fiscal Management Office
Withdrawal Authorization Agreement

Name: _____

Address: _____

E-mail Address: _____

I hereby authorize The Archdiocese of Mobile, for the purpose of the Baldwin County Catholic High School Capital Campaign, to charge my credit card.

Credit Card Type: _____

Credit Card Number: _____

Expiration: _____

CVS Code: _____

Monthly Donation: \$

Total Pledge: \$

Start Date:

This authority will remain in force and effect until **The Archdiocesan Controller has received** written notification from me of it's termination in such time and in such manner as to afford the Archdiocese and the Depository a reasonable time to act upon the **written notice of termination**.

Date: _____

Signature of Authorized Agent

Mail to: Baldwin County Catholic High School Capital Campaign,
Archdiocese of Mobile, 352 Government Street, Mobile, AL 36602 or Fax
to (251)438-4612