

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR _____ KIDS LIFE ACCOUNT

(Child's Name)

I (we) hereby authorize St. James Kids LIFE to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give a 10-day written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name

Phone #

Address

City

State

Zip

Bank or Credit Union Name

Address

City/State/ZIP

Signature

Date

ATTACH A VOIDED CHECK, DEPOSIT SLIP OR BANK DOCUMENT LISTING ROUTING/ACCOUNT NUMBERS - HAND WRITTEN NUMBERS WILL NOT BE ACCEPTED!