

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!