



Automated Payment Processing

Safe—Convenient—Easy

Electronic funds transfer authorization for BANK ACCOUNT

I (we) hereby authorize Kids R Kids of Fairfield to initiate debit entries to my (our) checking or savings account, indicated below.

Your Name

Phone #

Address

City

State

Zip

Bank or Credit Union Name

Bank or Credit Union Address

City

State

Zip

/

Routing Number

Account Number

Checking / Savings (choose one)

Authorized Signature

Date

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: _____	Attach Voided Check Here	\$ _____
_____ Deposit slips not accepted		_____ Dollars
123456789	1800338	0226
Routing Number	Account Number	Check Number