



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 (circle one)

Authorized Signature

Date

