


Credit/Debit Authorization Form

Authorization Agreement for Direct Deposit/Payment

I (we) hereby authorize **Kiwanis Club of Abilene** ("COMPANY") to initiate entries to my checking/savings accounts at the financial institution listed below (FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Receiver Name(s)	
Financial Institution	
Routing Number (Look between these symbols  on the bottom left of the check)	
Account Number	
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Amount (Specific or Variable Range)	

Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Name on Card:	
Card Number:	
Expiration Date:	<input type="text"/> / <input type="text"/> CVV Code: <input type="text"/>
Amount: (Specific or Variable Range)	

Receiver Signature _____ Date _____

Return to:
Kiwanis Club of Abilene
473 Cypress Street Suite 107
Abilene TX 79601
Phone# 325.673-1341
kiwanis@abilenekiwanis.org