

AUTHORIZATION FOR ELECTRONIC TRANSFER OF DUES FROM MY FINANCIAL INSTITUTION

I hereby authorize the Missoula Kiwanis to initiate debit entries to my depository financial account named below in the sum of monthly dues and meals on the 5th day of the month and credit these funds to the Missoula Kiwanis account.

I agree to the terms and conditions as described below. The signature on this authorization must be an authorized signer on the attached account.

Name of Financial Institution _____ City _____ ST _____

Checking/Savings (Please circle)
Account Number _____

Signature _____

Signature _____

PLEASE ATTACH A VOIDED CHECK

We cannot accept a temporary check
A deposit slip is acceptable for savings accounts only

General Terms and Conditions:

1. I/We acknowledge the request date is the day on which the debit will be charged to my/our financial institution account.
2. Should this request date fall on Saturday, Sunday, or a holiday, this request will be executed on the next business day.
3. This authorization shall remain in effect until I notify the Kiwanis Biller (Sharon Woldstad) of my/our intention of changing or terminating this authorization.