

Member Name	C	ensus #	Date
Minors Name & Census	Minors Name & Cen	, sus M	inors Name & Census
Address		ty/State	Zip
	(F	or Informa	ation clarification only)
Phone			
I wish to have my Per Cap () Checking and/or()S			_
Account Number	Type/Ck or Svg	S	Percent/Amount
	<del></del>		
Your banks name and add	dress:		
		Bank Na	ime
		Bank Ac	ldress
		City/Sta	te
		Zip Code	2
		Routing	Number
This Authorization will re or terminating it.	main in full force until	I provide v	vritten authorization ch
Print Name – Authorized	Signer		
Member/Parent /Authorize	ed Signature		Date

Please attach a voided check from the listed account or accounts. This will provide verification for account number and bank information such as address and routing number.