DIRECT DEPOSIT FOR PER CAPITA

Member Name _____ Census # _____ Date _____

Minors Name & Census _____, _____, _____

Address _____ City/State _____ Zip _____

Phone _____ (For information clarification only)

I wish to have my Per Capita checks automatically deposited to my
( ) Checking and/or ( ) Savings accounts as indicated below:

Account Number	Type/Ck or Svgs	Percent/Amount
_____	_____	_____
_____	_____	_____

Your banks name and address:

_____ Bank Name

_____ Bank Address

_____ City/State

_____ Zip Code

_____ Routing Number

This Authorization will remain in full force until I provide written authorization changing or terminating it.

_____
Print Name – Authorized Signer

_____ _____
Member/Parent /Authorized Signature Date

<u>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.</u>