THEYOUTH&FAMILYCENTER

2929 N. 20th Street St. Louis, MO 63107
314-231-1147 www.theyfc.org

AUTHORIZATION AGREEMENT (ACH DEBIT) dbt-auth

I hereby authorize **The Youth and Family Center** (Company) to initiate debit/charge entries to my Account indicated below at the Financial Institution named below and to debit the same to such account.

FINANCIAL INSTITUTION INFORMATION

Financial Institution Routing Number __ __ __ __ __ __ __ __ __

Financial Institution Name_____

Address_____

City/State_____

CUSTOMER'S PERSONAL INFORMATION

CHECKING Account Number_____
OR
SAVINGS Account Number_____

Customer Name_____

This authorization is to remain in full force and effect until written notification from me of its termination in such time and in such manner as to afford Company and the Financial Institution a reasonable opportunity to act on it.

SIGNATURE_____DATE_____

PLEASE ATTACH A VOIDED CHECK FROM YOUR ACCOUNT

Date your account will be debit. Please pick one: _____ 3rd Day of Month
_____ 20th Day of Month

Amount Each Month $_____