



AUTHORIZATION FOR DIRECT PAYMENT VIA ACH

I authorize Kids First Law Center, ("KIDS FIRST") to electronically debit my account (and, if necessary, electronically credit my account to correct erroneous debits) at the depository financial institution named below. I agree that ACH transactions I authorize comply with all applicable law.

Financial Institution Name _____

Routing Number* _____

Account Number* _____

*** Please attach a copy of a voided check for verification of the above information.**

Select One:

Checking Account Savings Account

Amount of Debit(s) \$_____

Frequency: weekly biweekly monthly

If Monthly: 1st of month 15th of month last day of month

Start Date: _____

Select One:

I understand that this authorization will remain in full force and effect until I notify KIDS FIRST in writing by mail to 420 6th St. SE, Ste. 160, Cedar Rapids, IA 52401 that I wish to revoke this authorization. I understand that KIDS FIRST requires at least 3 days prior notice in order to cancel this authorization.

OR

I understand that this authorization will remain in full force and effect until the amount of \$_____ has been received by KIDS FIRST. I will notify KIDS FIRST in writing by mail to 420 6th St. SE, Ste. 160, Cedar Rapids, IA 52401 if I wish to revoke this authorization. I understand that KIDS FIRST requires at least 3 days prior notice in order to cancel this authorization.

Name _____

Date _____ Signature _____