

**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 |   |