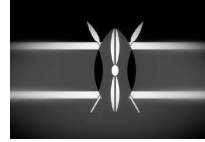




kingdom kids

a 501(c)3 non profit organization



Bank Debit Agreement

First and Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____

Email: _____

Banking Information

Financial Institution: _____

Branch Name: _____

City and State: _____

ABA Number (Routing Number): _____

Account Number: _____

Amount to be drafted on the 15th of every month: \$ _____

I hereby authorize Feed the Kingdom, Inc. to initiate debit entries and/or correction entries to my checking account indicated above at the financial institution named above. Twelve consecutive monthly payments, in the amount of \$ _____ each, shall be debited from my account. I understand that the total amount I am paying reflects a minimum membership commitment of one year. **Subsequent payments shall be debited in the same monthly amount after the initial year until Feed the Kingdom, Inc. has received written notification by me of its termination subject to a minimum notice of 30 days.**

Signature: _____ Date: _____

Printed Name: _____

Please attach a voided check and the sponsorship form and mail to:

**Jennifer Smith 1004B Eason St. Austin, TX 78703
or Email completed forms to: jen@kingdomkidsrescue.org
or Fax completed forms to: 512-328-2999**