

Automatic Withdrawal Form

* OPTIONAL METHOD OF PAYMENT *

I hereby authorize KIDS INTERNATIONAL MINISTRIES to initiate debit entries and to initiate if necessary, credit entries and adjustments for any debit entries in error to my account indicated below and the depository (bank) named below to debit and/or credit the same to such account.

Bank Name

Branch (if applicable)

City, State, Zip

Transit/Routing #

Account #

**** PLEASE INCLUDE A VOIDED CHECK ****

Type of Account Checking Savings

Date of monthly withdrawal: 10th 25th

Amount of withdrawal \$ _____/month

I wish to begin my support on _____
Date

Person / missionary /ministry to be supported

Your e-mail address

Your phone number

Mailing Address

This authority is to remain in effect until Kids International Ministries has received written notification from me of its termination in such time and in such manner as to afford Kids International Ministries and the bank a reasonable opportunity to act on it.

Signature

Date

Printed Name

**Please mail this form to: Kids International Ministries, P.O. Box 1369,
Lawrence, KS, 66044**