



457 – SAVING LITTLE HEARTS

Electronic Funds Transfer (EFT) Authorization Application

Contributor:

Last Name: _____ First Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Day Phone: _____

I authorize the financial institution named below to accept Direct Payment instructions and to debit my account indicated below or credit my account if it is necessary to make corrections.

Bank Information:Acct Type: Checking Savings

Routing #: _____ Account #: _____

Debit Information:

Contribution Amount: _____ Start Date: _____

Frequency: Quarterly Monthly Bi-weekly Weekly

I hereby authorize **Gulf Management Systems, Inc.**, hereinafter called Company, to initiate debit entries to my bank account. This authorization is to remain in full force until Company has received written notification from me of its termination in such time and in such manner as to afford Company a reasonable opportunity to act on it (30 days). I understand that this payment plan may be cancelled by Company at any time. I represent and warrant that I am authorized to execute this Authorization Agreement and I indemnify and hold the Company, bank and their agents harmless from damage, loss or claim resulting from all authorized actions hereunder.

Payer's Signature_____
Date

Please attach a voided check

