

# AUTHORIZATION FOR DIRECT PAYMENT

I (we) hereby authorize Kids Inc./Sioux Falls School District 49-5 to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to notify Kids Inc. Office Staff of any changes to our account at least 3 business days prior to a payment.

\_\_\_\_\_  
**YOUR NAME—PLEASE PRINT**

\_\_\_\_\_  
**PHONE #**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**NAME OF FINANCIAL INSTITUTION**

\_\_\_\_\_  
**ROUTING NUMBER**

\_\_\_\_\_  
**ACCOUNT NUMBER (complete)**

Check "X" appropriate account type below

\_\_\_\_\_  
**CHECKING**

\_\_\_\_\_  
**SAVINGS**