



HIGH PLAINS CHILDREN'S HOME

and Family Services, Inc.

AUTOMATIC BANK DRAFT FORM

- New Change

THIS IS TO ADVISE YOU THAT I, THE UNDERSIGNED:

(NAME) (ADDRESS) (CITY) (STATE) (ZIP)

do hereby authorize **High Plains Children's Home and Family Services, Inc.**, through its authorized officer, to draw monthly drafts on my account in your bank, in the amount of \$_____ per month, and I do hereby authorize you to honor such drafts, until such a time as I may revoke this order.

PLEASE DESIGNATE THE FUNDS FOR:

- as needed clothing food church/camp/youth activities college school activities

Bank Name: _____

Bank City: _____ **State:** _____ **Zip:** _____

- Checking Account Savings Account

Transit / ABA #: _____ **Account #:** _____

Draft on: 1st of month 15th of month

Account Holder Signature: _____

Date: _____

PLEASE ATTACH A VOIDED CHECK