

Electronic Payment Service

Subib Without the hubble t	of writing monthly checks.	ne Boys & Girls Clu		J
On(Date)	<u></u>			
	rls Club of Central Minnesota at 3 ic entries to my: Checking a			
(I	Authorization for Electronic Must be accompanied by a vo	•		
checking/savings account. This au writing to cancel it at such time as by notifying my bank 3 days before	of Central Minnesota and the bank nam athority will remain in effect until I notif to afford the bank reasonable opportun- e my account is charged. I can have the ys following issuance of my bank statem	y the Boys & Girls Clu ity to act on it. I can s amount of an erroneo	bs of Central l top payment o us charge imn	of my entry nediately
Name of Financial Institu	ution			
Address of Financial Inst	titution:			
Address of Financial Ins	titution:	City		ZIP code
		City	State	
Donor Name	Street	City	State	
Donor Name Email Address	Street Address	City	State	
Donor Name Email Address	Street Address	City	State	