

CARRIE'S KIDS INC

ACH DEBIT / PAYMENT AUTHORIZATION FORM

I authorize Carrie's Kids Inc. and the financial institution listed below to initiate electronic debits from my checking/savings

If necessary, credit entries and adjustments for any debit entries in error are also authorized.

This authority will remain in effect until I have canceled it in writing.

I authorize Carrie's Kids Inc. to debit the account detailed below in the amount of \$_____ on the 1st day of each month.

PLEASE PRINT

___ Start	___ Change	___ Stop
Effective Date:		
Financial Institution Name:		
City:	State:	

Transit Routing Number							

Name:	Social Security Number:
Account Number (attach voided check or savings deposit ticket)	
_____ Checking	_____ Savings
Signature:	

Account Number Information															

Accepted by: _____

Date: _____