AUTHORIZATION FOR DIRECT PAYMENT

I/We authorize Ninos de la Luz to initiate debit entries to my checking/savings account. This authority will to remain in effect until I notify you in writing to cancel it in such timer as to afford Ninos de la Luz reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution three days before my account is charged.

_____

Name of Financial Institution
Branch

_____

Address City State Zip

Account Number_____Checking____Savings____
Please attach voided check

Routing Number_____

_____

Signature(s) (as shown on bank records) Date

_____

Name(s)-Please Print

_____

Address City State Zip

The debit date is the 11th of each month

Your contribution will be credited to the Ninos de La Luz general fund unless otherwise noted:
Child Sponsorship_____
Other_____