

Catholic Family Fraternal of Texas – K.J.Z.T.

Automatic Bank Draft Authorization

CFFT Certificate/Loan #(s). _____

Member Name(s) _____

Financial Institution Name: _____

Routing No. _____ Account No. _____

City, State, Zip: _____

Check One:

- Checking
 Savings

Withdrawal Date:

- 10th 20th 30th

Payment Option:

- Monthly Quarterly
 Semi Annual Annual

I authorize Catholic Family Fraternal of Texas – K.J.Z.T. (CFFT) to debit the account indicated above monthly, quarterly, semi-annually, or annually. In addition, I understand that any previous balances due will be withdrawn from my account, on the initial draft date.

I understand that the debit will be made on my certificate anniversary date, unless such date is a Saturday, Sunday or other bank holiday, in which case CFFT will debit my account on the next banking day.

I understand that this authorization form will be notice of the amount and the date of each withdrawal from my account. I understand that I may withdraw from the automatic bank draft plan 10 business days prior to the next bank draft effective date upon written notice to CFFT and that CFFT may terminate the automatic bank draft plan or my participation in the plan at any time.

I understand that my bank account information will be used only for the purpose of setting up my automatic payment and that CFFT will keep my bank account information confidential.

Bank account holder signature

Date

Bank account holder signature

Date

Please include a voided check with this form and mail to: **Catholic Family Fraternal of Texas – K.J.Z.T.**
PO Box 18896
Austin, Tx 78760
(512) 444-9586 1 888-253-2338