

# KJZT Family Life

## Automatic Bank Draft Authorization

**KJZT Family Life Certificate/Loan #(s).** \_\_\_\_\_

**Member Name(s)** \_\_\_\_\_

**Financial Institution Name:** \_\_\_\_\_

**Routing No.** \_\_\_\_\_ **Account No.** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Check One:**

- Checking**  
 **Savings**

**Withdrawal Date:**

- 10<sup>th</sup>    20<sup>th</sup>    30<sup>th</sup>

**Payment Option:**

- Monthly**                       **Quarterly**  
 **Semi Annual**                       **Annual**

I authorize KJZT Family Life 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 In addition, I understand that any previous balances due will be withdrawn from my account, on the initial draft date.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 KJZT Family Life 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 KJZT Family Life and that KJZT Family Life 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 KJZT Family Life 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: **KJZT Family Life**  
**PO Box 18896**  
**Austin, Tx 78760**  
**(512) 444-9586    1 888-253-2338**