



Automatic Bank Draft Authorization

CFFT Certificate/Loan #(s). _____	
Member Name(s) _____	
Financial Institution Name: _____	
Routing No. _____	Account No. _____
City, State, Zip: _____	

Check One:

Account Type:

- Checking
- Savings

Withdrawal Date:

- 10th
- 20th
- 30th

Payment Option:

- Monthly
- Semi Annual
- Quarterly
- Annual

I authorize KJZT Family Life (KJZT) 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 In addition, I understand that any previous balances due will be withdrawn from my account, on the initial draft date.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 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 and that KJZT 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 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