

**Authorization for Automatic Withdrawal  
ATTACH A VOIDED CHECK**

**To my bank:** \_\_\_\_\_  
Please print the name of your bank

**Located at:** \_\_\_\_\_  
Please print the bank address City Zip Code

**I**  
**(We)** \_\_\_\_\_  
Please print your name (s) as it appears on your checking or other account Telephone

**authorize the automatic withdrawal of funds in the amount of \$\_\_\_\_\_ (Please write the amount :  
\_\_\_\_\_ dollars) each month on the 10<sup>th</sup> day, beginning on  
\_\_\_\_\_, to be deposited in the bank named below to the checking account named below:**  
Start date

**Abstinence Education, Inc.  
Receiving Bank**

\_\_\_ Voided check attached

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Authorized signature  
Signed: \_\_\_\_\_ Date \_\_\_\_\_  
2<sup>nd</sup> Authorized signature when applicable

Thank you.