

Art 2 Heart

Mail-In Bank Draft Authorization Form

This is my authorization agreement for automatic draft on my bank account to Art 2 Heart, Federal ID number 06-1685732.

I (we) hereby authorize Art 2 Heart, Kerrville, Texas, to initiate debit entries to my (our) bank account indicated below at the depository named below in the amount of \$_____, on the 1st or 15th day of each month beginning _____, 20____

DEPOSITORY

BANK

NAME: _____ BRANCH: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____ ROUTING NUMBER: _____

ACCOUNT NUMBER: _____

This authorization is to remain in full force and effect until Art 2 Heart has received notification from me (or either of us) of its termination in such time and in such manner as to afford Art 2 Heart and DEPOSITORY a reasonable opportunity to act on it.

My (our) Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ E-Mail: _____

SIGNED: _____ SIGNED: _____

DATE: _____ DATE: _____