

ATTACH VOIDED CHECK HERE.

Bank Account Information

The following information will authorize the WTPSPA to debit your bank account for your WTPSPA purchases. Please provide the requested information and attach a voided or cancelled check. WTPSPA will use this information to verify the accuracy of your depository account and routing numbers. WTPSPA will not use this information for any other reason.

Family Name:	e-mail address:	
Phone Number:	Street Address:	
Bank Name:	Bank Phone:	
City:	State	Zip
Bank ABA/Routing #	Bank checking account number#	

I (we) hereby authorize WTPSPA to initiate debit entries to my family account indicated above at the depository named above to debit such account. This authorization is to remain in full force and effect until WTPSPA has received written notification from my family of its termination, in sufficient time and in such manner as to afford WTPSPA a sensible opportunity to act on it.

Family Name (Print): _____

Parent Name (Signature): _____

Date: _____

Drop this off in one of the WTPSPA Drop boxes as soon as possible.