

Debit Authorization

I (we) hereby authorize KSDS, Inc., hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for donation to KSDS, Inc. *I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.*

(Financial Institution Name)	(Branch)	
(Bank Address)	(City, State, Zip)	
Routing Number	Account Number	Checking _____ Savings _____ <small>(Please check type of account)</small>
Amount \$ _____	Frequency _____	<small>(monthly, weekly, etc.)</small>

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Signature of Authorized Account Holder)	(Print Individual Name)
(Telephone numbers you can be reached at)	(Date)

***** PLEASE ATTACH A VOIDED CHECK TO THIS FORM ******

(also please provide us with an address if not on check)

KSDS Inc. 124 W. 7th Washington, Ks 66968 785-325-2256