

**KIDZONE  
WEEKLY FEES ELECTRONIC FUND TRANSFER**

**I understand by signing the below, my checking/savings account will be debited weekly for Kidzone fees.**

**STEP 1: ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

**I authorize St. Stephen the Martyr to debit my checking/savings account weekly for Kidzone fees. I will be notified by a weekly statement for all Kidzone transactions by Monday immediately following the week billed for. EFT will be made from my account on that Monday. Please use my current banking information already on file with St. Stephen the Martyr for Kidzone weekly charges.**

**Check "YES" if you are authorizing this debit from current banking information.**

**\*YES \_\_\_\_\_**

**If you are making an account change, please attach a voided check.**

**[ ] Checking Account – attach voided check    [ ] Savings Account – attach deposit slip**

**\* \_\_\_\_\_  
PRINT NAME**

**\_\_\_\_\_  
ACCOUNT NUMBER**

**\* \_\_\_\_\_  
SIGNATURE**

**\* \_\_\_\_\_  
DATE**

**\*If you will be using this option you must complete all of the stated areas\***