

**Canyon Hope Ministries
Snack Pack 4 Kids Canyon**

PO Box 526 Canyon, Texas 79015

snackpak4kidscanyon@gmail.com

Additional questions? Please contact

Cindy Sheets- Executive Director

Canyon Hope Ministries (806) 433-9957

www.snackpak4kidscanyon.org

**ELECTRONIC PAYMENT
AUTHORIZATION**

YES! I would like to sign up for Electronic Payment

Payment information:

I am adopting one child. Please draft **\$15** from my account on the 15th of each month.

I am adopting _____ children **@\$15/child**. Please draft **\$15** x _____ children or \$_____ from my account on the 15th of each month.

Please draft \$_____ from my account on the 15th of each month.

Full Name _____

Address _____

City _____ State _____ Zip _____

Please accept my ongoing payment from my Checking Account Savings Acct

Routing Number _____ Account Number _____

****ATTACH VOIDED CHECK****

Begin my electronic payments on _____

I authorize Canyon Hope Ministries dba Snack Pak 4 Kids Canyon to process debit entries to my account. I have attached a voided check. This authority will remain in effect until I give reasonable notification to terminate this authorization.

Authorized signature on my account _____ Date: _____