



Kansas Bankers Educational Foundation

KBEF BANK DRAFT AUTHORIZATION

MONTHLY RECURRING DONATIONS

Automatic bank draft is a debit service that offers a convenient way to pay your giving. KBA will collect giving from your bank account electronically - you do not need to write checks or mail any payments. Your contributions will appear on your bank statement, which will serve as your receipt. If you would like to do a one-time contribution authorization, please contact Julie Taylor at the KBA Office, or choose to make a one-time donation on the website.

Levels: Please select ONLY one giving option:

- ☐ **Chairman - \$1000 annually (\$83.33 monthly)**
☐ **President - \$500 annually (\$41.67 monthly)**
☐ **Flint - \$250 annually (\$20.83 monthly)**
☐ **Sunflower - \$100 annually (\$8.33 monthly)**
☐ **Other Monthly Donation _____**

Kansas Bankers Educational Foundation is a tax exempt charitable organization under Section 501(c)(3) of the Internal Revenue Code. Donations are tax deductible as allowed by law.

Bank Account:

Financial Institution	Address	City	State	Zip
_____			<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Number	Account Number			
_____	_____			

I hereby authorize KBA to draft my account indicated above. I agree to maintain a sufficient balance to cover the debit or debits indicated above. I understand that if the automatic withdrawal is returned as a result of insufficient fund or other reason, a fee may be assessed by KBA as well as by your bank. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law.

Updates to this automatic bank draft authorization may be made by submitting changes in writing, using a copy of this form. In the event that we receive multiple copies of this form, we will act on the form with the later of the signature dates. Please allow ten business days to accomodate your request.

_____	_____
(Signature)	(Date)

CANCELLATION: Please do not draft any payment after _____.
(Date)

_____	_____
(Signature)	(Date)

Please return completed form securely to: Julie Taylor, VP of Computer and Information Systems – jtaylor@ksbankers.com or by mail to: Julie Taylor, Kansas Bankers Association, PO Box 4407, Topeka, KS 66604. If you have any questions regarding this form, please contact Julie at 785-232-3444 or by email at jtaylor@ksbankers.com.



Kansas Bankers Educational Foundation

KBEF CREDIT CARD AUTHORIZATION

MONTHLY RECURRING DONATIONS

KBEF contributions can also be made with your credit card. Your contributions will appear on your credit card statement, which will serve as your receipt. KBEF accepts Visa/MasterCard/Discover.

Levels: Please select ONLY one giving option:

____ **Chairman - \$1000 annually (\$83.33 monthly)**

____ **President - \$500 annually (\$41.67 monthly)**

____ **Flint - \$250 annually (\$20.83 monthly)**

____ **Sunflower - \$100 annually (\$8.33 monthly)**

____ **Other Monthly Donation** _____

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I hereby authorize KBEF to charge my credit card in the amount(s) indicated above. Updates to this authorization may be made by submitting changes in writing, using a copy of this form. In the event that KBEF receives multiple copies of this form, we will act on the form with the later of the signature dates. Please allow ten business days to accommodate your request. If you would like to do a one-time contribution authorization, please contact Julie Taylor at the KBA Office, or choose to make a one-time donation on the website.

Credit Card Number

Expiration Date

Security Code

Name on Card

Billing Address

(Signature)

(Date)

CANCELLATION: Please do not process any credit card charges after _____.
Date

Signature

Date

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