ABC Kids Direct Deposit Authorization Form

Consignor Information:

Name:_____ Consignor #:_____

Address: _____

Email Address: _____ Phone #: _____

Bank Information:

Bank Name: _____Phone #: _____

Bank Address (City/State/Zip): _____

Routing Number: _____

Account Number: _____

Account type: Checking account or Savings account (circle one)

Authorization:

I hereby authorize ABC Kids to initiate debit entries to my Checking account/Savings account (circle one) at the bank named above, and if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until ABC Kids is notified by me in writing to cancel it in such time as to afford ABC Kids and the bank a reasonable opportunity to act on it.

Signature: _____

Printed Name: _____Date: _____

ABC Kids Children's Consignment Sale LLC

Location: Central WI Convention & Expo Center, 10101 Market St., Rothschild, WI 54474

Mailing address: 4436 Old Wells Rd, Eau Claire, WI 54703.

Note: If you provide a VOIDED check, your name, consignor number and your signature are still required on this form. Thank you.