



KIDS CENTRAL, INC.
A COMMUNITY APPROACH TO THE WELFARE OF CHILDREN
Building Better Lives

NOTE: Please complete and mail with a voided check to:

Kids Central, Inc.
 2117 SW Highway 484
 Ocala, FL 34473

Attention: Debbie Short

PAYEE

YOUR FINANCIAL INSTITUTION

Payee Name: _____
 Address: _____

Bank Name: _____
 Address: _____

Bank Phone No. () _____

Contact Information:

Name: _____
 Home Phone No. () _____ Ext: _____
 Cell Phone No. () _____
 E-Mail Address: _____

Direct Deposit Bank Account Information

Your Account Number - Start at left, leave unused spaces blank															
Transit Routing Number of Your Financial Institution															

These payment instructions are authorized:

Account Type: Checking _____ Savings _____
 Account Name: _____

Signature: _____

Date: _____

Printed Name: _____

- Foster Parent Adoptive Parent
 Other (specify) _____

Is this request a change of account information?

Yes	No

Payments will be made under this authorization using the Corporate Trade Exchange (CTX) format with addenda records. The addenda records give remittance information about the payment. You must make arrangements with your bank to receive this information.

Please attach voided check here