



Quail Creek Bank

\$ [redacted] Checking and \$ [redacted] Savings

EZ ALLOWANCE SIGN-UP

ATTN PARENT OR GUARDIAN: COMPLETE THIS FORM IF YOU WOULD LIKE TO SETUP A FREE MONTHLY TRANSFER TO YOUR CHILD'S QUAIL CREEK BANK LINQ BANKING ACCOUNT

I hereby authorize QUAIL CREEK BANK, hereinafter called BANK, to initiate monthly debit entries in the amount of \$ [redacted] from my account indicated below to my child's checking account with Quail Creek Bank, also indicated below. I acknowledge the origination of ACH transactions to/from my account must comply with the provisions of U.S. law.

PARENT/GUARDIAN'S NAME: _____

ACCOUNT NUMBER: _____

ACCOUNT TYPE (CIRCLE ONE): CHECKING SAVINGS

FINANCIAL INSTITUTION NAME: _____

FINANCIAL INSTITUTION CITY AND STATE: _____

FINANCIAL INSTITUTION ROUTING NUMBER: _____ (9-digit number)

STARTING DATE: _____ DAY OF MONTH: _____

Posting day will be at least two business days after date shown

If the date chosen has passed, transfers will begin on the date indicated of the following month

FREQUENCY: MONTHLY THEREAFTER UNTIL REVOKED

DEPENDENT'S NAME: _____

DEPENDENT'S ACCOUNT NUMBER WITH QUAIL CREEK BANK: _____

This authorization is to remain in full force and effect until BANK has received written notification from me of its termination in such time and manner as to afford BANK a reasonable opportunity to act on it.

Authorized By:

PARENT/GUARDIAN'S PRINTED NAME

PARENT/GUARDIAN'S SIGNATURE

DATE

**PARENT/GUARDIAN MUST ATTACH A VOIDED CHECK MATCHING THE ACCOUNT INFORMATION PROVIDED ABOVE.
FAILURE TO DO SO WILL RESULT IN DELAYS IN THE ESTABLISHMENT OF THIS TRANSFER OF FUNDS**



Effective _____, 20____ the undersigned hereby cancels this Automatic Transfer.

Signed: _____

Bank Signature: _____