

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

PO Box 526 Canyon, Texas 79015

[snackpak4kidscanyon@gmail.com](mailto:snackpak4kidscanyon@gmail.com)

Additional questions? Please contact

Cindy Sheets- Executive Director

Canyon Hope Ministries (806) 433-9957

[www.snackpak4kidscanyon.org](http://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 **\$14** from my account on the 15<sup>th</sup> of each month.

I am adopting \_\_\_\_\_ children **@\$14/child**. Please draft **\$14** x \_\_\_\_\_ children or \$\_\_\_\_\_ from my account on the 15<sup>th</sup> 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: \_\_\_\_\_