

McCallum Grocery Card Subscription Sign Up Form

Contact Information

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____

Participation Level I would like to receive _____ (#) \$100 HEB cards = \$ _____ per month.

Example: I would like to receive 2 (#) \$100 HEB cards = \$ 200 per month.

Payment Funds are automatically withdrawn on the 10th of the month (or next business day after). You must contact us in writing to make changes or end the program (email is fine). This program runs all year long.

Name of Bank _____ Circle: *Checking* or *Savings*

Bank Routing Number _____

Bank Account Number _____ #

****PLEASE attach a VOIDED check****

I understand that I am signing up for a year-round Grocery Card subscription that may be cancelled upon written notification to the Grocery Card Chair one month prior to the withdrawal date. I hereby authorize a monthly draft on the account designated above, not to exceed the amount agreed by me, until I notify the Grocery Card Chair in writing to discontinue or change the amount.

Signature _____ Date _____ #

Return this form to the McCallum front Office or mail it to:

**McCallum Grocery Cards
5600 Sunshine Drive
Austin, TX 78756**