

RECURRING DEBIT ENTRY AUTHORIZATION

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

COMPANY
NAME - **Humane Society of Southwest Missouri** ID - **44-0665046**

I (we) hereby authorize **Humane Society of Southwest Missouri**, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Savings account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY
NAME _____

BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA No. _____ ACCOUNT NO. _____

RECURRING AMOUNT _____ START DATE _____

FREQUENCY (SELECT ONE): WEEKLY BI-WEEKLY MONTHLY BI-MONTHLY

OTHER _____

Please attach a voided check or a copy of your savings account card to this document.

By NAME _____

PHONE _____ CELL _____ EMAIL _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

SIGNATURE _____

DATE SIGNED _____

FOR HSSWMO OFFICE ONLY - ASSIGNED ID No. _____