



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize the Humane Society of the Lakes, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/ Savings Account indicated below at the depository the financial institution named below, hereafter called DEPOSITORY. This will also be considered authorization to credit said account in the event a refund is deemed appropriate. If necessary, I authorize COMPANY to make correcting credit/debit entries and adjustments for entries made in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository (bank) Name _____

Bank Address _____

City _____ ST _____ ZIP _____

Routing Number _____ Account Number _____

This authorization 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.

NAME(please print)_____

DATE:_____ Signature:_____