AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

Haven Humane Society, Inc. **TIN: 94-1634752**

Check One:

ADD_____ **(New Preauthorized ACH Receipt Participant)**

CHANGE _____ **(Financial Institution/Account #)**

DELETE:_____ **(Cancel Participation)**

I (we) hereby authorize Haven Humane Society, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the depository financial institution named below, hereinafter called DEPOSITORY, to debit the same such account in the amount of _____Dollars on the _____ Day of each Month.

This authorization is to remain in full force and effect until COMPANY has received written notification from me (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 Signature Date

PLEASE ATTACH A VOIDED CHECK

PLEASE PRINT

Name_____ Name_____

Address_____ City/State_____Zip Code_____

DEPOSITORY FINANCIAL INSTITUTION: **BRANCH:**

CITY: **STATE:** **ZIP CODE:**

TRANSIT ROUTING NUMBER

ACCOUNT NUMBER