

AUTHORIZATION AGREEMENT FOR DIRECT DONATIONS (ACH DEBITS)

Company Name: Adams County SPCA

Company Tax ID No: 23-2044352

I, hereby authorize Adams County SPCA, hereinafter called COMPANY, to initiate debit entries to my account(s), indicated below, at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. In addition, I authorize the company to initiate credit entries to my account(s) if funds are debited from my account(s) in error.

Complete your account information.

Please initiate a monthly debit donation in the amount of \$ _____ from my account on the first day of each month. Should the first day of the month fall on a weekend or holiday, my account will be debited on the first banking day after the first of the month. Starting date will be the first business day of the next month.

Checking Account No: _____ OR Savings Account No: _____

Depository Name: _____ City: _____ State: _____ Zip: _____
(Donor's Financial Institution)

Financial Institution's Routing Number: _____

This authorization is to remain in full force and effect until Company has received written notification from me of its termination in such time and such manner as to afford Company and Depository a reasonable opportunity to act on it.

Donor Name: _____ Date: _____
(Please Print)

Signature: _____ Phone # _____

PLEASE ATTACH A VOIDED CHECK.