

Authorization Agreement for Automatic Withdrawal of Funds

Donor #: _____
 (leave blank if not applicable)

Name on Account (please print) _____

Address _____

City _____ State _____ Zip _____

Please debit my ongoing donation from my (check one):

- Checking Account (attach voided check)
- Savings Account (attach savings deposit slip)

Routing Number: _____
 Routing # is located at bottom of check between the symbols |: |:

Account Number: _____

Donation Information (Please indicate your donation amount and frequency):

- \$ _____
- Monthly - Debited on the 1st or the 15th (please circle one)
 - Quarterly - Debited on the 1st of the 15th (please circle one)
 - Annually - _____ (date of donation)

Please make my ongoing donation effective _____ (date of 1st donation).

I authorize **Harbor Humane Society** and **Vanco Services, LLC** to process debit entries from my checking or savings account indicated above. I understand that this authorization will remain in effect until I have it canceled. If I wish to cancel my authorization or make any changes to the above information, I will notify **Harbor Humane Society** within a reasonable length of time. I have attached a voided check or savings deposit slip below.

Authorized Signature _____ Date _____

Please place voided check or savings deposit slip here.