

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Amount I want to donate monthly: _____

I (we) hereby authorize Beartooth Humane Alliance, hereinafter called COMPANY, to initiate debit entries to my (our) checking or savings account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

Name of my bank: _____ Branch: _____

City _____ State _____ Zip _____

Type account (select one): _____ Checking _____ Savings

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(s) _____ Phone _____
Please Print

Signature(s) _____ Date _____

_____ Date _____



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