



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

Name (s) _____
Please print

Address _____

City _____ State _____ Zip _____

Phone _____ email _____
optional

I (we) hereby authorize **The Natchitoches Humane Society**, hereinafter called **Company**, to initiate debit entries to my (our) bank account indicated below and the depository/bank named below, hereinafter called the **Depository**, to debit the same to such account.

Depository/Bank Name _____

City _____ State _____ Zip _____

Routing/Transit/ABA NO. _____

Account Number _____ Checking ___ Savings ___

Amount to be debited each month _____ starting ____/____/____

Debit will be processed on the first business day of each month, and will recur each month until canceled by you.

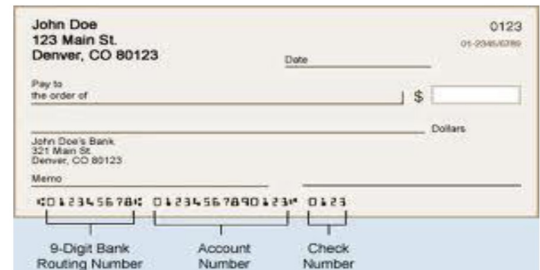
This authority is to remain in full force and effect until **Company** and **Depository** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **Company** and **Depository** a reasonable opportunity to act on it.

Signature _____
authorized signer on account

Co-signature _____
if required on account

Date ____/____/____

Received by _____
Name of NHS member



Example of check showing where to obtain bank routing and account number from your check. Enter numbers only, do not include check number.

Please note: If request is made during the last week of the month, your first debit may not occur during the following month. We will make every effort to process your request in a timely manner. Thank you very much for your support.



P.O. Box 7405
Natchitoches, LA 71457
Tax ID # 72- 1187801

