

Please attach a Voided Check here.

I (We) hereby authorize <u>Washington County Humane Society (PAWS & More)</u> (hereinafter called Company) to initiate Debit entries to my (our) account(s) indicated below, and the depository financial institution named below (hereinafter called Depository) to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

Depository N	Name:		_ Branch:	
City:		State:	ZIP:	
Routing Nun	nber:	_		
Account Nur	mber:	_		
Account Typ	e:			
Frequency:	<ul><li>☐ Weekly</li><li>☐ Bi-Weekly</li><li>☐ Semi-Monthly</li><li>☐ Monthly</li><li>☐ Other</li></ul>			
Start Date: _				
Amount:				
			s received written notification from m Company and Depository a reasonable	
Name(s):				
Signature: _			_ Date:	
Address:			_ Phone:	