



I (We) hereby authorize Washington County Humane Society (PAWS & More) (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 Name: _____ Branch: _____

City: _____ State: _____ ZIP: _____

Routing Number: _____

Account Number: _____

Account Type: Checking Account
 Savings Account

Frequency: Weekly
 Bi-Weekly
 Semi-Monthly
 Monthly
 Other _____

To Benefit: Capital Fund
 Shelter Operations
 Medical Fund
 Other _____

Start Date: _____

Amount: _____

This authority 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): _____

Signature: _____ Date: _____

Address: _____ Phone: _____

Please attach a Voided Check here.