

# Natchez Adams County Humane Society

## Authorization Agreement Direct Payments (ACH Debits)

I (we) hereby authorize **NATCHEZ ADAMS COUNTY HUMANE SOCIETY**, hereinafter called NACHS, to debit entries to my (our) account indicated below and the Financial Institution named below, hereafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law. I (we) authorize a monthly amount of **\$19** or \_\_\_\_\_ to be debited on the **5<sup>TH</sup> day of each month**.

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Branch)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Routing Number)

\_\_\_\_\_  
(Account Number)

Type of account: \_\_\_\_\_ Checking      \_\_\_\_\_ Savings

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

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

### Contact Information:

Phone: \_\_\_\_\_ Home/Business/Cell

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK TO THIS FORM**