



**Black Spur Equestrian Center** is hereby authorized to initiate debit entries to the account at the financial institution listed below. This authority is to remain in effect until the transaction function with Black Spur Equestrian Center has been rescinded by written notification of its termination or change in a sufficient time to reasonably act.

DEPOSITORY: Debit Information (print or type)

Name on account: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Financial Institution Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account type (checking or savings) \_\_\_\_\_

Date for recurring transaction to begin: \_\_\_\_\_

Dollar amount to be debited the first day of business each month: \_\_\_\_\_

I hereby authorize the above with my signature below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*May attached copy of a voided check below to ensure correct routing and account numbers