

ACH AUTHORIZATION AGREEMENT

Yes I want to do my part in helping New Life Pet Adoption Center, Inc. fulfill its mission of placing all adoptable companion animals in loving and caring homes. Please accept this ACH Authorization as my commitment to New Life Pet Adoption Center, Inc.

As a convenience to me, I hereby authorize New Life Pet Adoption Center, Inc. to initiate debit entries to my account in the entity named below ("Institution"), and I authorize the institution to accept and to debit the amount of such entry to my account. Each debit shall be made in an amount equal to the withdrawal amount indicated. I understand that this authorization replaces any previous authorization. This authorization shall remain in full force and effect until I revoke the agreement as hereinafter provided. Any revocation shall not be effective until New Life Pet Adoption Center, Inc. has received written notification from me of my desire to terminate this agreement in such time and in such manner as to give New Life Pet Adoption Center, Inc. a reasonable opportunity to act on it. I acknowledge that the origination of ACH transactions must comply with the provisions of U.S. law.

ACCOUNT INFORMATION

Name on Account: _____

Account Number: _____ Account Type: ___ Checking ___ Savings

BANK ACCOUNT INFORMATION

PLEASE ATTACH A COPY OF YOUR VOIDED CHECK HERE

IF A VOIDED CHECK IS NOT AVAILABLE, PLEASE FILL OUT THE BELOW INFORMATION COMPLETELY AND ACCURATELY.

DEPOSIT SLIPS ARE NOT ACCEPTED FOR CHECKING ACCOUNTS, ONLY SAVINGS ACCOUNTS.

Name of Financial Institution

Bank Phone Number

Routing Number (First 9 Digits Bottom Left of Check)

Account Number

ACH TRANSFER REQUEST

___ The 500 Club: ___ Monthly \$41.67 ___ Quarterly \$125.00 ___ Semi Annually \$250.00 ___ Annually \$500.00

Please make recurring ACH transfers on the 5th or 20th day of the month (circle one)

___ Recurring Transfer of any other amount:

Monthly \$ _____ Quarterly \$ _____ Semi Annually \$ _____ Annually \$ _____

___ Please make recurring ACH transfers on the 5th or 20th day of the month (circle one)

Single Transfer:

___ Please make a single ACH transfer of \$ _____ on the 5th or 20th day of _____
(Circle one) (month and year)

SIGNATURE(S)

Name: (Please Print) _____

Date: _____

Signature: _____

Mail To: New Life Pet Adoption Center
125 Cattail Ave
Marathon, WI 54448

Signature: _____