

# AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH)

The Humane Society of Kandiyohi and Meeker Counties  
AKA Hawk Creek Animal Shelter

I (we) hereby authorize The Humane Society of Kandiyohi & Meeker Counties DBA Hawk Creek Animal Shelter, herein after called COMPANY, to initiate debit entries to my (our)

Checking Account \_\_\_\_\_ or Savings Account \_\_\_\_\_

at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Each month on the: (circle one) First or Fifteenth

Amount \_\_\_\_\_

Date to begin \_\_\_\_\_

## Depository

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

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Name on the Account \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

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

This authorization is to remain in full force and in 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.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\* Please attach a voided check or deposit ticket

For more information contact the Director of Operations at Hawk Creek Animal Shelter at

320-235-7612 or [bobbie@thehskmc.com](mailto:bobbie@thehskmc.com)

