

Schedule C: ACH Authorization Agreement – Direct Payments

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

Humane Society of Kandiyohi County dba Hawk Creek Animal Shelter

I (we) hereby authorize Humane Society of Kandiyohi County dba Hawk Creek Animal Shelter, herein after called COMPANY, to initiate debit entries to my (our)

_____ **Checking Account** _____ **Savings Account (select one)**

indicated below 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.

Amount _____ **Each Month** on the (circle one) **First**
Fifteenth

Depository

Financial Institution Name _____

Routing Number _____

Account Number _____

This authorization 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) _____

Date _____ **Signature(s)** _____

Please attach a voided check or savings deposit slip below.