

**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, hereinafter 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/Transit Number)	(Account Number)	Type of Acct: ___ 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.

(print individual name)	(print individual name)
(print individual ID number)	(print individual ID number)
	(Signature)
	(Signature)

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

Contact Information:

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

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

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

***PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM***