



AUTHORIZATION FOR DIRECT PAYMENT

I authorize **Headwaters Animal Shelter** and the financial institution named below to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged. **Payments will be made on the 15th of the month**

(NAME OF FINANCIAL INSTITUTION)

(CITY)

(STATE)

(ZIP)

(SIGNATURE)

(DATE)

(NAME PLEASE PRINT)

(ADDRESS PLEASE PRINT)

Account Number _____ Checking _____ Savings _____

Financial Institution Routing Number _____

Monthly Donation \$ _____ (please attach a voided check)

Return upper portion with voided check to the shelter or mail to:

Headwaters Animal Shelter
Box 573
Park Rapids, MN 56470

(Keep for your records)

On _____ (Date) I Authorized

Headwaters Animal Shelter

PO Box 573 Park Rapids, MN 56470

218-237-7100

To initiate electronic entries to my checking/savings account and have agreed to the terms listed on the authorization. I may revoke my authorization with the company at any time by writing to the address above.

Initial payment amount \$ _____

Regular payment date **15th of each month** (if payment amount changes we will notify you at least 10 days before the regularly scheduled payment date.)