



FORGOTTEN FELINES
Of Sonoma County

P.O. Box 6672
Santa Rosa, CA 95406
(707) 576-7999
www.forgottenfelines.com

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: Forgotten Felines of Sonoma County

I hereby authorize Forgotten Felines of Sonoma County, hereinafter called COMPANY, to initiate debit entries to my Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. law.

Depository Name: _____ Routing number: _____

City: _____ State: _____ Zip: _____

Account type: Checking Savings Account Number: _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act upon it.

NAME: _____

Signature: _____

I authorize this amount \$ _____ to be debited from my account the 15th of every month.

If you wish to have your checking account debited, please attach a voided check

Place voided check here