

DANE COUNTY HUMANE SOCIETY

Automatic Withdrawal Form

DONOR INFORMATION	
NAME ON ACCOUNT	ACCOUNT HOLDER'S PHONE NUMBER
ADDRESS	
CITY, STATE, ZIP	
I AUTHORIZE THE FOLLOWING: <input type="checkbox"/> NEW PAYMENT FROM ACCOUNT SPECIFIED BELOW <input type="checkbox"/> DISCONTINUE PAYMENT FROM ACCOUNT SPECIFIED BELOW	
ACCOUNT INFORMATION <i>(provide information below for one bank account only)</i>	
BANK NAME	
ACCOUNT TYPE: <input type="checkbox"/> CHECKING <i>(please attach voided check)</i> <input type="checkbox"/> SAVINGS <i>(please attach deposit slip)</i>	
ROUTING NUMBER	
ACCOUNT NUMBER	

Contribution Schedule:

PAYMENT SCHEDULE	AMOUNT	PAYMENT START DATE	COLLECTION DATE
<input type="checkbox"/> MONTHLY	\$	/ /	<input type="checkbox"/> 10 th of the month <input type="checkbox"/> 25 th of the month

I authorize Dane County Humane Society to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization. I understand there will be a non-sufficient funds (NSF) fee charged to my account by my bank for NSF debits.

Authorized account signature

Date

Please return this form and your voided check or deposit slip to: Dane County Humane Society, attn: Sara Hoven, 5132 Voges Road, Madison, WI 53718. THANK YOU for becoming a Constant Companion!