

**AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT VIA ACH
(ELECTRONIC DEBITS)**

I (We) understand that a direct payment via ACH is the transfer of funds from my account for the purpose of making a payment. With this knowledge, I (we) authorize the Brookhaven Animal Rescue League ("BARL") to initiate an electronic debit entry (and if necessary, electronically credit my (our) account to correct an erroneous debit) to my (our) account indicated below at the depository financial institution named below ("Bank"). I (we) further authorize the "Bank" to honor the debit entries initiated by BARL. I (We) understand that this authorization is to remain in full force and effect until BARL has received written notification that I (we) wish to revoke this authorization. I (we) further understand that the revocation should be mailed to P. O. Box 3477, Brookhaven, MS 39603 or hand delivered to BARL's principal office, and the revocation must be received at least 15 days prior to the expected date of termination or in such time and in such manner as to afford the company a reasonable opportunity to act on said revocation.

Account Number: _____

Account Type: Checking Savings

Account Class: Consumer (Individual or Joint) Commercial/Business

Account Name: _____

Bank Name: _____

ABA Routing Number: _____

Amount of Debit: \$ _____

Date Payment is to Begin: _____

Frequency of Debit(s): _____

Signature of Account Owner or Authorized Rep (1)

Signature of Account Owner or Authorized Rep (2)

Title (if Authorized Rep) (1)

Title (if Authorized Rep) (2)

Printed Name (1)

Printed Name (2)

Date

Date

*******REVOCATION REQUEST*******

I wish to cancel the transfer authorization detailed above.

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____