



# ACH Debit Authorization Form

Thank you for investing in a brighter future for animals in South Central Wisconsin!

**Instructions:** Complete this ACH Debit Authorization Form in its entirety and make a copy for your records. **If you are using a checking account for the automated debit, you must send a voided check from that account for verification purposes. If you are using a savings account, enclose a savings deposit ticket that includes your account number.**

I (we) hereby authorize Angel’s Wish, Inc. (the “Company”) and/or TransFirst Merchant Services to initiate debits to my (our):  Checking  Savings Account (the “Account”) at the financial institution listed below (the “Financial Institution”) and hereby authorize and direct the Financial Institution to debit the Account in the amount of each Debit, and, if necessary, initiate any adjustments for any transactions credited/debited in error.

The authorization and direction set forth in this letter shall be a standing authorization and direction and shall remain in full force and effect until the Company and the Financial Institution receive written notice of termination from us in such time and such manner as to afford the Company and the Financial Institution a reasonable opportunity to act on it.

Date of First Debit (Please allow 7-10 days to set up your account): \_\_\_\_\_

Date of Monthly Debit:  1<sup>st</sup>  15<sup>th</sup>  other (specify: \_\_\_\_\_)

Amount to Debit (circle one): \$10 \$15 \$20 \$25 \$50 other: \_\_\_\_\_



\_\_\_\_\_  
(Name - PLEASE PRINT)

\_\_\_\_\_  
(Address, City, State, & Zip)

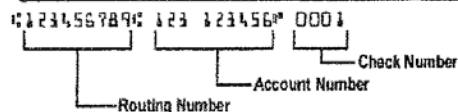
\_\_\_\_\_  
(Name of Financial Institution)

\_\_\_\_\_  
(Address of Financial Institution-Branch, City, State, & Zip)

Routing Number:

**Valid Routing # must start with 0, 1, 2, or 3**

Account Number:



\_\_\_\_\_  
(Signature)

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

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Angel’s Wish is a 501 (c)(3) organization dedicated to reducing animal overpopulation, rehoming companion animals, and raising