

H.E.A.L

(Helping Every Animal League)

ACH Authorization Form

This form **MUST** be accompanied by a **Printed Voided Check or Bank Letter**

Add Delete Change Every Month on: _____
One Time Donation Amount: _____ Monthly Amount: _____
Checking Account Savings Account

Contact Info:

E Mail Address: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ or _____

Funds Settlement Information

Bank Name: _____

Branch Address: _____

Business Account Name: _____

Account Owner Name: _____

Address on Check: _____

City: _____ State: _____ Zip: _____

Routing # (9 digits) _____

Account # _____

_____ (hereinafter referred to as H.E.A.L Supporter) authorizes H.E.A.L (Helping Every Animal League), or its designated assignee (hereinafter referred to as H.E.A.L), to initiate ACH transfer entries and to credit and/or debit the account identified herein for monthly donations. This authorization shall remain in effect unless and until H.E.A.L has received written notification from Supporter that this authorization has been terminated in such time and manner to allow H.E.A.L to act (not less than 30 days). Undersigned represents and warrants to H.E.A.L that the person executing this Release is an authorized signatory on the Account referenced above and all information regarding the Account and Account Owner is true and correct.

Account Owner Signature

Date

Print Name and Title Only for Business Accounts

ATTACH PRE-PRINTED VOIDED CHECK

OR

BANK LETTER

Mail To

H.E.A.L. • P.O. Box 30046 • San Bernardino • CA • 92413