



CO.ID 412 **ARIZONA BASSET HOUND RESCUE**

Direct Payment AUTHORIZATION

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Home Phone: _____ Day Phone: _____

I authorize the financial institution named below to accept ACH Debit/Credit instructions and to debit my account indicated below or credit my account if it is necessary to make corrections.

Bank Information: Acct Type: Checking Savings

Routing #: _____ Account #: _____

Debit Information:

Contribution Amount: _____ *Minimum Contribution \$10 per month*

Contribution to be used toward (select ONE):

- General Donation
- Angel Sponsorship Program
 - Current Angel Sponsor
 - New Angel Sponsor – *include completed Angel Sponsorship Application*

Account to be debited monthly on the following (select ONE) 1st of each month 15th of each month

I hereby authorize **Gulf Management Systems, Inc., on behalf of Arizona Basset Hound Rescue**, hereinafter called Company, to initiate debit entries to my bank account. This authorization is to remain in full force until Company has received written notification from me of its termination in such time and in such manner as to afford Company a reasonable opportunity to act on it (30 days). I understand that this payment plan may be cancelled by Company at any time. I represent and warrant that I am authorized to execute this Authorization Agreement and I indemnify and hold the Company, bank and their agents harmless from damage, loss or claim resulting from all authorized actions hereunder. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US Law.

Payer's Signature

Date

Please attach a voided check & mail along with signed authorization to:
Arizona Basset Hound Rescue
Treasurer – Direct Payment Program
P. O. Box 32594
Phoenix AZ 85064
Please keep a copy for your records