

ACH DRAFT AUTHOTIZATION

Please check the appropriate line(s): New Bank Draft Customer Current Bank Draft Customer			
		☐ Changing Banks	
		☐ Changing Bank Accounts	
Is this a:			
☐ CHECKING ACCOUNT			
☐ SAVING ACCOUNT			
PLEASE ATTACH A VOIDED CHECK O	R DEPOSIT SLIP or email a copy to bainbridgedchs@bellsouth.net		
NAME OF CUSTOMER:			
NAME(s) on BANK ACCOUNT:			
MANUAL ADDRESS.			
MAILING ADDRESS:			
CONTACT TELEPHONE: NAME OF FINANCIAL INSTITUTION:			
BANK PHONE NUMBER:			
ABA ROUNTING NUMBER:			
	(Look between symbols " : :" on your check)		
BANK ACCOUNT NUMBER:			
-	(Generally, located to the right of the ABA Routing Number.)		
AMOUNT TO BE DONATED EACH MO	NITLI.		
ANIOUNT TO BE DONATED EACH MO	NII		
Signature	Print		
0.9	11111		
Date:	Date to take effect:		

1250 Cox Avenue | Bainbridge, GA 39819 | 229.246.0101 | bainbridgedchs@bellsouth.net www.bainbridgehumanesociety.com

Bainbridge Decatur County Humane Society is a 501(c)3 organization and all donations are tax deductible.