



KSDS ASSISTANCE DOGS, INC.
DEBIT AUTHORIZATION

I (We) hereby authorize KSDS Assistance Dogs, Inc., (hereinafter called KSDS) to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for a donation to KSDS. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(financial institution name)

(financial institution branch)

(financial institution address)

(city, state, zip)

(financial institution routing number)

(your account number)

AMOUNT \$ _____

Check type Checking _____ Savings _____
of account:

Frequency MONTHLY ON APPROX. 5TH

Check here if this ACH/ECT is for the dog food program.

This authorization is to remain in full force and effect until KSDS has received WRITTEN notification from me (or either of us) of its termination in such time and manner as to afford KSDS and FINANCIAL INSTITUTION a reasonable opportunity and amount of time to act on termination notification.

Signature of Authorized Account Holder

Please print account holder name

Address

Contact Telephone number

City, State, Zip

****PLEASE ATTACH A VOIDED CHECK ****
Also provide address if not on check

KSDS Assistance Dogs, Inc.
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Washington, KS 66968
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