

Monthly ACH Donation Withdrawal Authorization

If you would like to sign up for monthly ACH withdrawals, please complete the attached form and mail it along with a voided check to:

Beauties and Beasts
P.O. Box 783001
Wichita, KS 68278

AUTHORIZATION AGREEMENT FOR AUTO PAYMENTS

I (We) hereby authorize _____ ,
(hereinafter called COMPANY), to debit entries to my (our) account
indicated below.

Financial Institution Name

Address

City/State

Zip

Routing Number

Account Number

☐ Checking

☐ Saving

Amount \$ _____

Date _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY a reasonable opportunity to act on it.

Name

Signature

