



Shelby County No-Kill Mission
266 Kentucky Street
Shelbyville, KY 40065

AUTHORIZATION AGREEMENT FOR DIRECT WITHDRAWAL (ACH DEBITS)

I/We hereby authorize *Shelby County No-Kill Mission of Kentucky, Inc* to initiate debit entries to my/our checking account indicated below at the named depository financial institution and to debit the same to such account. We acknowledge that the origination of ACH transactions/wire transfers from my/our account must comply with the provisions of U.S. law.

Depository Name: _____

City: _____ State: _____ Zip: _____

Routing Number: _____

Account Number: _____

This authorization is to remain in full force and effect until written notification has been exchanged by either party in such time and in such manner as to afford the opposite party and depository a reasonable opportunity to act on it.

Amount to debit: _____

Date to debit account: _____

Date: _____

Authorized by: _____

**** Thank you for your donation ****

Please email completed form to scnkm01@gmail.com or fax to (502) 400-2796