



Bank Transfer Authorization Form

I authorize Animal Charity Evaluators to electronically debit my U.S. bank account according to the terms outlined below. I acknowledge that electronic debits against my account must comply with United States law.

Terms of debits

Weekly: every _____ weeks, starting on _____ for the amount of \$_____ USD.
number MM/DD/YYYY

Monthly on a specific week day: on the _____
1st/2nd/3rd/4th/Last Mon/Tue/Wed/Thurs/Fri/Sat/Sun

every _____ months, starting on _____ for the amount of \$_____ USD.
number MM/DD/YYYY

Monthly on a specific date: on the _____ every _____ months, starting on _____
number (1-28) number MM/DD/YYYY

for the amount of \$_____ USD.

Donor bank account information

routing number

account number

Account type Consumer checking Consumer savings
 Business checking Business savings

This payment authorization is to remain in effect until I, _____,
Name as it appears on your account

notify Animal Charity Evaluators of its cancellation by giving written notice of at least ten (10) business days before the next scheduled transaction, allowing reasonable opportunity to act on it.

Donor signature

Printed name

MM/DD/YYYY

Donor's phone number