



## Authorization agreement for pre-arranged payments

I (we) hereby authorize the PET Project, hereinafter called "company", to initiate debit entries to my (our) checking account indicated below and the bank named below, hereinafter called bank, to debit the same to such an account.

Bank Name:

City:

State:

Bank Transit/ABA #:

Checking Account #:

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

Amount to be debited the 1st of each month (or next business day):

\$

Your Name:

Address:

City:

State:

Zip:

Phone Number:

Date:

Your signature:

Please sign and return this completed form along with your voided check from your personal checking account.

**PET WA-Inland Northwest  
15123 Little Spokane Drive  
Spokane, WA 99208**