

## ACH Authorization Form

I (we) hereby authorize Bryan Animal Clinic to initiate debit entries to my (our) account in the entity named below ("Institution"), and I (we) authorize the institution to accept and to debit the amount of such entries to my (our) account. A debit shall be made each month in an amount equal to the withdrawal amount indicated below.

Check one: Checking \_\_\_\_\_ Savings \_\_\_\_\_

Bank ("Institution") Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Transit/ABA No. (First nine digits encoded on your check): \_\_\_\_\_

Account Number: \_\_\_\_\_

Withdrawal Amount: \_\_\_\_\_

Withdrawal Date: 20<sup>th</sup> of every month Start Month: \_\_\_\_\_

An overdraft/reprocessing fee of \$20.00 will be billed to Member for insufficient funds, over limit status or any other reason a payment is unable to be processed based on the account information supplied by Member. Member is responsible for immediately notifying Provider of any changes in billing account information to avoid any payment reprocessing fees.

This authorization is to remain in full effect on an automatic annual renewal basis unless and until this agreement is cancelled as defined in our Preferred Pet Plans Terms and Conditions.

Account Holder's Name/Names (please print): \_\_\_\_\_

Holder's Signature: \_\_\_\_\_

(If Joint Account)

Holder's Name (please print): \_\_\_\_\_

Second Holder's Signature: \_\_\_\_\_

Date of Authorization: \_\_\_\_\_ Name of pet being enrolled: \_\_\_\_\_