



**BARREN RIVER ANIMAL
WELFARE ASSOCIATION**

175 TROJAN TRAIL, GLASGOW, KY 42141
(270) 651-7297

**WE NOW HAVE AVAILABLE AUTOMATIC MONTHLY DONATIONS FOR
THOSE OF YOU WHO WOULD LIKE TO GIVE THROUGHOUT THE YEAR.**

AS YOU KNOW, THE SHELTER HAS CONTINUOUS NEEDS, AND ALTHOUGH WE APPRECIATE ANY DONATION, OUR NEW MONTHLY DONATION PROGRAM WILL HELP US TO DETERMINE WHAT FUNDS WE WILL HAVE AVAILABLE EACH MONTH. PLEASE FILL IN THE INFORMATION BELOW, OR CHECK THE BOX AT THE BOTTOM OF THE PAGE IF YOU PREFER A ONE-TIME DONATION.

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

ORGANIZATION NAME: BRAWA ORGANIZATION ID No.: 61-1212479

I (WE) AUTHORIZE **BRAWA** TO INITIATE CREDIT AND/OR DEBIT ENTRIES INTO MY(OUR) [] **CHECKING** [] **SAVINGS** ACCOUNT (SELECT ONE) INDICATED BELOW AND THE DEPOSITORY NAMED BELOW, HEREINAFTER CALLED **BANK**, TO DEBIT AND/OR CREDIT THE SAME SUCH AMOUNT, AND IF NECESSARY, TO INITIATE AN ADJUSTMENT ENTRY FOR ANY ENTRY IN ERROR.

BANK NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA No. _____ ACCOUNT No. _____

THIS AUTHORITY IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL **BRAWA** AND **BANK** HAVE RECEIVED WRITTEN NOTIFICATION FROM ME (OR EITHER OF US) OF ITS TERMINATION IN SUCH TIME AND IN SUCH MANNER AS TO AFFORD **BRAWA** AND **BANK** A REASONABLE OPPORTUNITY TO ACT UPON IT.

NAME (S) _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

DATE _____ SIGNED _____

E-MAIL ADDRESS _____

AMOUNT TO DEBIT EACH MONTH \$ _____

IMPORTANT! IMPORTANT! IMPORTANT! IMPORTANT! IMPORTANT!
YOU MUST ATTACH A VOIDED CHECK TO THIS STATEMENT
FOR AUTOMATIC WITHDRAWAL!