

Bank of Commerce
1601 W Commerce
Duncan, OK 73533
(580) 252-8070

Electronic Debit Authorization Form

Account Information:

Financial Institution _____ Acct. Type (check one) _____
Savings _____ Checking _____

Transit / ABA Number _____ Bank Account Number _____

Effective immediately, or with next billing cycle, I hereby authorize **Stephens County Humane Society** to initiate debits (payments) or credits (corrections) of my monthly withdrawal from my bank account indicated above. I understand the amount will be deducted from my account on the due date. This authorization shall remain in force until written notice of termination from me. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law. Amount: \$ _____.

Deposit going to: **Bank of Commerce
1601 W Commerce
PO Box 70
Duncan, OK 73534-0070
(580) 252-8070**

ABA Routing Number: **1 0 3 1 1 2 9 9 2**

Account Number: _____ Checking _____ Savings _____

Customer Name (please print) _____ Date _____

Customer Signature _____

For electronic debit processing, please attach a voided check to this form (not a deposit slip)

******* Attach Voided Check Here *******

OFFICE USE ONLY			
Start _____	Change _____	Cancel _____	Effective Date: _____
			Date _____