

PET MO - Columbia, Inc.

Authorization agreement for pre-arranged payments

I (we) hereby authorize PET MO - Columbia, Inc, 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 a 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): \$ _____

Name(s): _____

Address: _____ Phone #: _____

Date: _____ Signed: _____ Signed: _____

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

**PET MO – Columbia
1908 Heriford Rd
Columbia, MO 65202**