

HSPC Monthly Giving

A contribution of as little as \$10 per month, by credit card or bank draft, can help the animals at HSPC. The animals we rescue depend solely on the contributions of caring, compassionate animal lovers. We desperately need your help to be able to save the hundreds of cold noses that need your warm heart! Make it easy by making monthly contributions to HSPC.

The Details--we accept credit cards or we can take donations directly from your checking or savings account. All that is needed to get set up is our bank account or credit card authorization, along with a voided check. Please be a pal and take the time to fill out the agreement form below which best suits you. **Once completed, please mail it to HSPC, PO Box 21260, Little Rock, AR 72221. We thank you, and the animals thank you!**

Name: _____
Address: _____

Phone: _____
EMail _____

Electronic Bank Draft Direct Debit Agreement:

Name of Financial Institution: _____
City: _____
State: _____ Zip: _____
Routing No: _____
Account No: _____
_____ Checking or _____ Savings
Please choose amount of monthly donation:
_____ \$10 _____ \$15 _____ \$25 _____ other

Credit Card Information:

Visa _____ MasterCard _____
Account No: _____
Expiration Date _____ CVV# _____
Please choose amount of monthly donation:
_____ \$10 _____ \$15 _____ \$25 _____ other

Authorization Signature for Credit Card Draft

Name as it appears on your credit card or checking account:
Signed: _____
Date: _____

Authorization

I hereby authorize the Humane Society of Pulaski County (the Company) to initiate direct debit entries to my checking/savings account indicated above and the the financial institution above to post the same to such account.

This authorization is to remain in force until the Company receives written notice of cancellation from me (see Below). This notice of cancellation must be received at least 30 days prior to cancellation and in such manner as to afford the Company reasonable opportunity to act on it and in no event shall it be effective with respect to entries processed by the Company prior to the receipt of the cancellation.

I further authorize the Company to initiate such credit entries to said account as may be necessary to correct any erroneous debit entries previously initiated thereto and I authorize the financial institution to accept and to credit or debit the amount of such entries to my account.

All entries initiated hereunder are to be governed in all respects by the rules of the Mid-America Payment Exchange as now or hereafter in effect.

_____ I prefer my account to be drafted on the 10th of the month
_____ I prefer my account to be drafted on the 20th of the month

Please attach a voided check or this agreement cannot be activated

Cancellation

I hereby cancel the authorization for the Humane Society of Pulaski County to originate debit entries to my checking/savings account indicated above

Effective on: _____

Signed: _____

Date: _____

The Humane Society of Pulaski County
14600 Colonel Glenn Road
Little Rock, AR 72210
501 227 6166 Fax:501 223 8383