



Automatic Account Draft Instruction

Policy or Registration No: _____ **Customer Name:** _____

I understand, authorize, and agree to all of the conditions on this page and use of my payment information for all policy charges and renewals as evidenced by my signature below.

Please attach a blank VOID check.

Financial Institution										Branch	
City, State, Zip Code											
Routing/ABA #											
Account #											
Name on Account											
Signature of Applicant										Date	

As a duly authorized signer on the financial institution account identified on the reverse side, I authorize PetPartners, Inc. to perform scheduled or periodic electronic funds transfer debits or charges and/or credits from my account identified on the reverse side for payments due or when applicable, and to apply electronic funds transfer credits or charge credits to the same. This applies to card or check by phone payments as well as any other electronic payment.

Furthermore, if any such electronic debit(s) should be returned by my financial institution, I authorize Merchant (PetPartners, Inc.), to collect a returned item fee of \$20.00 per item. If Stop Payment is made any debit(s), Merchant (PetPartners, Inc.) is authorized to collect a Stop Payment fee of \$40.00 per item.

For accounting purposes, all electronic debits, credits, or charges will be reflected in the monthly financial statement that corresponds with the financial institution account identified on the reverse side.

John Doe 123 Street Anycity, ST.	Financial Institution 510 Money St.	00001
Pay to the Order of _____	Date _____	\$ _____
Mem _____	_____ Dollars	
⋄: xxxxxxxxx ⋄: 0000 0000 0000		

This is the 9 digit Transit / ABA Bank Routing number.

The Account number is usually to the right of the Routing number. Some Financial Institutions add the check number between the Routing and Account numbers or at the end of the account number. We do not need the check number.