



Authorization agreement for electronic funds transfer

I (we) hereby authorize **Mobility Worldwide MO - Columbia** (AKA 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 Routing #: _____

Checking Account #: _____

This authority is to remain in full force and effect until company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford company 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: _____

I would like a ____ monthly or ____ yearly receipt.

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

Mobility Worldwide MO – Columbia, 4825 E Meyer Industrial Drive, Columbia, MO 65201