



600 Oxford Street P.O. Box 785
 Worthington, MN 56187
 Toll Free 800-522-3276
 Phone 507-372-2957
 Fax 507-372-2950



AUTHORIZATION FOR DIRECT PAYMENT

I, _____, hereby authorize **VETERINARY MEDICAL CENTER, P.A., and/or PRAIRIE LIVESTOCK SUPPLY** and the financial institution named below to initiate entries to my checking/savings account for payment of outstanding invoices. This authority will remain in effect until I notify in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it.

 (Name of Financial Institution) (Branch)

 (City) (State) (Zip Code)

 (Name as on account - Please Print)

 (Address - Please Print)

Account No. _____ Checking _____ Savings _____

Financial Institution Routing Number _____
 (between these symbols |: |: on the bottom left of your check)

Preferred method of ACH notification: Fax Email Mail Other _____

Would you like a monthly statement? Yes No

Fax: _____ Email: _____

Contact Phone #: _____ VMC Account #: _____

 (Signature) (Date)

**** Please attach a voided CHECK to this form ****