

**DIRECT DEPOSIT
AUTHORIZATION FORM**



Send form to:
 Email info@vhha.net **Contact:** Debbie Warnick
 Fax (804) 655-6161 Phone: (443) 463-0917

Name: _____

Account Name: _____

email: _____ Phone: _____

Transaction Type: New Activation Cancellation Change

Bank/Financial Institution Name: _____

PRIMARY ACCOUNT INFORMATION:	Routing #: (9 digits) _____ Account #: _____ Amount: 100% Type of Account: Checking
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<p>EXAMPLE</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Your Name</td> <td style="width: 40%; text-align: right;">223</td> </tr> <tr> <td colspan="2">123 Your Street</td> </tr> <tr> <td colspan="2">Anytown, State, Zip</td> </tr> <tr> <td style="text-align: right;">Date:</td> <td>_____</td> </tr> <tr> <td>Pay to the Order of: _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td colspan="2" style="text-align: right;">_____ Dollars</td> </tr> <tr> <td colspan="2">Details: _____</td> </tr> <tr> <td style="font-size: small;"> : 1 2 3 4 5 6 7 8 9 0 :</td> <td style="font-size: small;">0 0 1 2 3 4 5 6 7 8 8 9"• 2 2 3</td> </tr> <tr> <td style="font-size: x-small;">ABA/Routing Number</td> <td style="font-size: x-small;">Account Number Check #</td> </tr> </table> </div>	Your Name	223	123 Your Street		Anytown, State, Zip		Date:	_____	Pay to the Order of: _____	\$ _____	_____ Dollars		Details: _____		: 1 2 3 4 5 6 7 8 9 0 :	0 0 1 2 3 4 5 6 7 8 8 9"• 2 2 3	ABA/Routing Number	Account Number Check #	<p>Please attach a voided check or letter from your financial institution with your deposit information</p>
Your Name	223																		
123 Your Street																			
Anytown, State, Zip																			
Date:	_____																		
Pay to the Order of: _____	\$ _____																		
_____ Dollars																			
Details: _____																			
: 1 2 3 4 5 6 7 8 9 0 :	0 0 1 2 3 4 5 6 7 8 8 9"• 2 2 3																		
ABA/Routing Number	Account Number Check #																		

By signing below, I authorize Virginia Equine Alliance to deposit my funds on account into the above listed account and will remain in force until I have given written notice to cancel or amend, or until which time I am no longer active and it will be deactivated. I understand that the time of funds availability varies by institution and that any funds availability, fees usage limits or restrictions are set by the institution and Virginia Equine Alliance cannot control any issues that may arise. If monies to which I am not entitled are deposited to my account, I authorize Virginia Equine Alliance to direct the financial institution to return said funds and I authorize the financial institution to act on the Company's direction and to return said funds.

Signature: _____ Date: _____

Mgmt. Sign off: _____	Mgmt. Verified: _____
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