

DIRECT DEPOSIT AUTHORIZATION FORM



Send form to:

Email: info@vhha.net

Fax: (804) 655-6161

Contact: Debbie Warnick

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:

Type of Account:

EXAMPLE

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 9 " •		2 2 3

ABA/Routing Number

Account Number

Check #

Please attach a
voided check or
letter from your
financial institution
with your deposit
information

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listed account and will remain in force until I have given written notice to cancel or amend, or until which time I am no longer active and it will be deactivated.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: