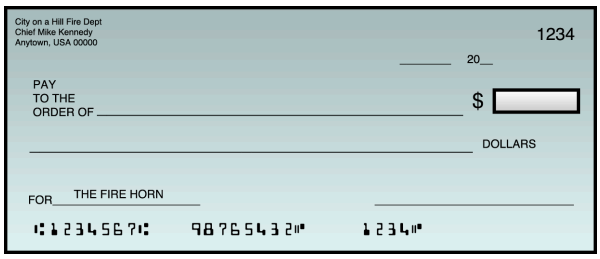
Auto Draft Agreement

TheFireHorn
thefirehorn.com

Department Name	
Department Address	
Department Bank Name	
Department Bank City, State	
Department Treasurer	
Department Treasurer Contact Phone	
Routing Number	
Account Number	
Amount to be Deducted	
Payment Type (Choose One)	☐ One Time Date ___ / ___ / _____ ☐ Monthly Day of Month _____ ☐ Annually Month / Day _____ / ____

The Fire Horn, Inc., a Kentucky Corporation, shall deduct the specified amount of money at the specified interval from the above named checking account using a randomly generated check number for each interval. The undersigned below states that the above named department authorizes this activity as an organization. The Fire Horn, Inc. may deduct the money by means of auto generated check, ACH debit, or other means. Cancellation of this agreement shall require a 30-day notice to The Fire Horn, Inc.



Routing Number | Account Number

I accept the terms of this document.

_____ _____ _____

Name of Department Official | Signature of Department Official | Date