AUTHORIZATION FOR AUTOMATED PAYMENT (ACH DEBITS)

COMPANY NAME: **Opening Doors**
Maria House/Teresa Shelter
1561 Jackson St.
Dubuque, IA 52001

I (we) hereby authorize **Opening Doors**, hereinafter called **COMPANY**, to initiate debit entries and to initiate, if necessary, credit and adjustments for any debit entries in error to my (our) checking account indicated below and the depository named below, hereinafter called **DEPOSITORY**, to credit and/or debit the same account.

DEPOSITORY NAME:_____

CITY_____STATE_____ZIP_____

TRANSIT/ABA #_____ACCOUNT#_____
(9 digits)

This authority is to remain in full force for the time frame specified in the agreement and/or 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 responsible opportunity to act on it.

NAME (S): _____

ADDRESS: _____

CITY, STATE, ZIP:_____

SIGNATURE (S):_____DATE:_____

_____DATE:_____

Debit account monthly on (circle one) 1st or 15th

PLEASE ATTACH A VOIDED CHECK

FOR COMPANY USE ONLY:

DATE RECEIVED:_____

PROCESSED BY:_____