



OPENING DOORS

Maria House • Teresa Shelter

Empowering Lives

Authorization for Automated Payment (ACH Debits)

To complete this form, please attach a voided check

Company Name
Opening Doors
Maria House/Teresa Shelter
1561 Jackson Street
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 digit number)

Amount: \$ _____ /per month

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: _____

Signature(s): _____ Date: _____

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

For Office Use Only

Date Received: _____

Processed By: _____