



# OPENING DOORS

Maria House • Teresa Shelter  
Francis Apartments

*Empowering Lives*

## AUTHORIZATION FOR AUTOMATED PAYMENT (ACH DEBITS)

**COMPANY NAME:** Opening Doors  
Administrative Office  
2100 Asbury Road, Suite 8  
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.

**Please indicate the date you would like Opening Doors to debit your account:**

\_\_\_\_\_ 1<sup>st</sup> day of the month      or      \_\_\_\_\_ the 15<sup>th</sup> day of the month

**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

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### FOR COMPANY USE ONLY:

DATE RECEIVED: \_\_\_\_\_

PROCESSED BY: \_\_\_\_\_