PeopleHouse
a Center for Personal and Spiritual Growth

Authorization Agreement for Preauthorized Payments for ACH Debits

I (we) hereby authorize People House to initiate debit entries to my (our) ?Checking??Savings Account (select one)

Depository (Bank) Name: _____

Branch: _____

City: _____State:_____ Zip: _____-___

Transit / ABA Number: _____

Account #: _____

I have attached a voided check and have verified with my bank that the routing numbers provided above are appropriate for ACH transactions.

This authority is to remain in full force and effect until 10 days after People House has received written from me (or either of us) of its termination in such time and in such manner as to afford PH and depository named above a reasonable opportunity to act on it.

Names(s) (Please print) _____

Address: _____

City: _____State:_____ Zip: _____-___

E-mail address: _____

Giving Schedule – Choose One Option

- ❒ Draft the total amount monthly on the 5th
- ❒ Draft the total amount monthly on the 20th

Please use my gift as follows:

- ❒ General Fund Gift $_____
- ❒ Building Fund Gift $_____
- ❒ Support for the Affordable Counseling Programs $_____

Signed:_____ Date:_____

Please mail this ACH Agreement form to:

People House
3035 West 25th Ave
Denver, CO 80211