

## Authorization Agreement for Preauthorized Payments

I authorize *Des Moines Zen Center* to initiate debit entries in the amount of \_\_\_\_\_  
on the \_\_\_\_\_ day of each month beginning \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (month/year) and to initiate, if  
necessary, credit entries and adjustments for any debit entries in error to my account indicated  
below.

This authorization will remain in effect until I have canceled it in writing to Des Moines Zen  
Center.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Bank Name

\_\_\_\_\_  
Transit/ABA number (lower left hand corner of your check)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this form to Des Moines Zen Center, 822 35<sup>th</sup> St., Des Moines, IA 50312**

If there are any questions, you may direct them to Brandon Churchill, Treasurer, DMZC  
([treasurer@dmzencenter.org](mailto:treasurer@dmzencenter.org)).