

Authorization Agreement for Preauthorized Payments

I hereby authorize ***Des Moines Zen Center*** to initiate debit entries in the amount of _____ on the _____ day of each month beginning on _____/_____/_____
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

Address

Bank / Financial Institution Name

Bank / Financial Institution Address

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

Signature

Date

Please return this form to:



Des Moines Zen Center, 822 35th Street, Des Moines, IA 50312

If there are any questions, you may direct them to Des Moines Zen Center Treasurer, Andrea Churchill (treasurer@dmzencenter.org).