



Des Moines Zen Center ACH Donation Form

Personal Information

First Name		Last Name	
Address		City, Zip Code	
Phone		Email	

ACH Preauthorized Payment Agreement

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

Account Number _____

Bank / Financial Institution Name _____

Bank / Financial Institution Address _____

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

Signature _____ Date _____

Completed forms can be mailed to or dropped off at the Des Moines Zen Center (they should NOT be emailed). Thank you for your support.

The DMZC is a 501(c)3 organization therefore all donations are tax deductible. A tax receipt will be issued for all donations of \$20 or more. For monthly donors, official tax receipts are issued at the end of each calendar year.

The Des Moines Zen Center respects the privacy of its donors and will not share information.