



# Des Moines Zen Center ACH Donation Form

## Personal Information

First Name		Last Name	
Address		City, Zip Code	
Phone		Email	

## ACH Preauthorized Payment Agreement (please complete ALL information below)

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) \_\_\_\_\_

Account Type (checking or savings) \_\_\_\_\_

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.