



ACH (Automatic Clearing House) Authorization Form

This form **must** be accompanied by a **Printed Voided Check or Bank Letter**

Add Delete Change

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Funds Settlement Information

Bank Name: _____

Account Owner: _____

Account Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Routing # (9 digits) _____

Account # _____

_____ (Donor) authorizes the Eugene Mission to initiate ACH monthly debits (deductions) in the amount of _____ from the account identified herein for donations. Deductions will occur on or around the 15th of each month. This authorization shall remain in effect unless and until the Eugene Mission has received written notification that this authorization has been terminated in such time and manner to allow the Eugene Mission to act. Undersigned represents and warrants to the Eugene Mission that the person executing this Release is an authorized signatory on the Account referenced above and all information regarding the Account and Account Owner is true and correct.

_____/_____/_____
Account Owner Signature Date

Print Name and Title

ATTACH PRE-PRINTED VOIDED CHECK
OR
BANK LETTER



eugene mission

A WELLNESS CENTER FOR THE HOMELESS