ACH Debit Authorization Agreement

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name Potter's House Association - International (herein referred to as "Company")

Address PO Box 106, Department A, Pewaukee, WI 53072-0106

Company ID Number 20-3305890

I (we) hereby authorize Company to initiate debit entries to my (our) Checking Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name (Name of your bank)				
Branch Name (If Applicable)				
City, State, Zip				
Routing Number	Please attach a voided check that we may use to			
Account Number	verify this information. Thank you.			
Amount to be withdrawn	\$		Monthly withdrawal on or about	☐ 1st of month☐ 15 th of month
Specified purpose or general				
of us) of its termination in such it. I have (or either of us has) to DEPOSITORY a reasonable of the amount of an erroneous dedebit entry in error to DEPOSITOCCURS first.	n time and in such mar the right to stop payme pportunity to act on it p ebit immediately credit	nner as to afford ent of a debit en prior to charging ed to my accoul	COMPANY and DEPOSITORY try by notification to DEPOSITOR	en charged, I have the right to have we) send written notice of such
Depositor Name		Depositor Name		
Signature & Date		Signature & Date		
Potter's House \$2 per trans		th your email a	address and we will send your	confirmation by email, saving
EMAIL:				

Return this form to us at the address above or by email to donorservices@pottershouse.org.gt.