



ACH Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your checking account and see 100% of your donations go towards helping families experiencing homelessness with no fees taken out for processing. Just complete and sign this form to get started!

Here's How Recurring Payments Work: You authorize regularly scheduled debits to your checking account on the date(s) of your choice every month. Mail this form to 1684 132nd Ave NE, Blaine, MN 55449. Your account will then be debited the amount indicated on this form on the date(s) chosen. Simple as that.

Note: You must provide notification at least 21 days prior to your withdrawal date of any changes to your ACH account information.

Please complete the information below:

I _____ (full first and last name) authorize **Ten Thirty House** to debit the bank account indicated on this form on the _____ (date(s) of withdrawal (ex: 1st)) of each month in the amount of \$ _____ (donation amount per withdrawal).

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Checking

Bank Name _____ Bank Routing # _____

Account Number _____ Bank City/State _____

Terms and Conditions: I understand and agree that any and all changes in my account information, including requests to terminate this agreement must be in writing and be delivered to Ten Thirty House, at the above address, at least 21 days prior to the next withdrawal date. If the withdrawal date falls on a weekend or holiday, I understand and agree that the payment may be executed on the next business day. I understand and agree that as this is an electronic transaction, adequate funds must be available for withdrawal from my account by the payment due date. In the case of an ACH transaction being rejected for Non Sufficient Funds (NSF), submission error, or other bank related return reasons I understand and agree that Ten Thirty House may at its discretion resubmit the ACH debit transaction within thirty (30) days. I understand and agree that, I also understand and agree that a return item charge may be assessed for each returned ACH debit.

I acknowledge that the origination of ACH transactions to my account must comply with provisions of U.S. law and agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____

Mail completed form to: 1684 132nd Ave NE, Blaine, MN 55449

