

Automatic Bank Withdrawal (ACH) Transfer Authorization Agreement

I hereby authorize Oregon Community Bank on behalf of **Deer Park Buddhist Center, Inc.** to initiate monthly ACH withdrawals from my [] Checking [] Savings account (please select one) indicated below, and the financial institution named below to process the withdrawal from such account. The proceeds shall be deposited into the account of Deer Park Buddhist Center, Inc. at Oregon Community Bank, 733 N Main St, Oregon, WI 53575.

Donor Information: (Your information will not be shared with other organization)

Donor(s) Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Country: _____

Phone: _____ Email: _____

Your Financial Institution Information:

Please complete the following: From Saving [] From Checking []

Institution Name: _____

Address: _____

Routing/ABA #: _____

Complete Account Number: _____

From Checking: please also include a voided check.

Start Date: _____ Amount Per Transaction: \$ _____

Total Number of Transfers (months): ____ 12, ____ 24, ____ 36, ____ 48, ____ 60, ____ other.

Signature of Account Holder

Date

Signature of Joint Account Holder

Date

Please mail this completed form to:

Deer Park Buddhist Center

Attention: Contribution

4548 Schneider Drive

Oregon, WI 53575