

# Shambhala Meditation Center of Denver

## Authorization Agreement Automatic Bank Withdrawal (ACH Debits) to Shambhala Credit Union

I hereby authorize Shambhala Credit Union to initiate electronic debit entries through the Automatic Clearing House (ACH) system from my Account at my Depository financial institution and to credit those amounts to the Shambhala Meditation Center of Denver (the Center) as specified below. I understand that this authority will remain in full force and effect until I have given written notice of termination to the Center, and until Shambhala Credit Union has had a reasonable opportunity to act on such notice (usually about 5 business days). I have the right to stop payment of an Entry by notification to my Depository provided my depository has had a reasonable opportunity to act on such notice prior to charging my account.

Please print your name(s) as it (they) appear(s) on your Bank Statement:

Name: \_\_\_\_\_

Your current mailing address (required): \_\_\_\_\_

Phone: \_\_\_\_\_ Email (required): \_\_\_\_\_

This is a:      New Request       Change of Amount       Change of Bank

I authorize Shambhala Credit Union to debit my account in the amount of \$\_\_\_\_\_ on the 20th day of each calendar month or the next business day after this. This amount is to be credited to the Shambhala Meditation Center of Denver.

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

**Important: a void check must be attached for a new withdrawal or change of bank.**

**ATTACH VOID CHECK HERE**

(If you use electronic banking and do not have paper checks, please contact your bank to obtain a bank-generated copy of all ACH information (routing # and account #) and include it with this form.)

Mail to:      Shambhala Meditation Center of Denver  
                  ATTN: Director of Finance  
                  2305 S. Syracuse Way, Suite 214  
                  Denver, CO 80231