

Monthly Donation Form

Authorization agreement for direct donations (ACH debits) to Liberty House

I (we) hereby authorize LIBERTY HOUSE to initiate debit entries to my (our)

Checking Account / Savings Account (select one)

in the amount of (\$) _____ per month.

indicated below at the depository financial institution named below, hereinafter call DEPOSITORY, and to debit the same to such account on the 10th day of each month.

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. If I wish to cancel this agreement, I must notify LIBERTY HOUSE in writing by the first of the month.

Your Bank Name: _____ Branch _____

City: _____ State _____ ZIP _____

This authorization is to remain in full force and effect until Liberty House has received written notification from me of its termination in such time and in such manner as to afford Liberty House and DEPOSITORY a reasonable opportunity to act.

(Please Print)

Your Name(s) _____

Address: _____

City: _____ State: _____ ZIP: _____

Signature: _____ Date: _____

PLEASE ATTACH A BLANK, VOID CHECK and return this form to Liberty House at 2685 4th St. NE Salem, OR 97301. Please keep a copy for your records.

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS *MUST* PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

For cancellations only:

Signature: _____ **Date:** _____