

DHARMA SANGHA  
CRESTONE MOUNTAIN ZEN CENTER  
BOX 130, CRESTONE, COLORADO 81131  
TEL: 719-256-4692 FAX: 719-256-4691  
CMZC@DHARMASANGHA.ORG

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I hereby authorize DHARMA SANGHA dba CRESTONE MOUNTAIN ZEN CENTER to debit my  Checking Account /  Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, on a monthly basis for the amount of

\$ \_\_\_\_\_ (in words: \_\_\_\_\_)

on the first day of each month, beginning with the month/year of \_\_\_\_\_.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

### DEPOSITORY

Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing # \_\_\_\_\_ Account # \_\_\_\_\_

This authorization is to remain in full force and effect until DHARMA SANGHA dba CRESTONE MOUNTAIN ZEN CENTER has received written notification from me of its termination in such time and in such manner as to afford DHARMA SANGHA and DEPOSITORY a reasonable opportunity to act on it.

Name \_\_\_\_\_ ID Number \_\_\_\_\_  
(Please Print)

Date \_\_\_\_\_ Signature \_\_\_\_\_

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