

Nalandabodhi Boulder
Authorization for Automatic Payments

I (we) hereby authorize NALANDABODHI to initiate debit entries to my (our) account indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

This authorization is to remain in full force and effect until NALANDABODHI has been given notice of termination in such time and manner as to allow NALANDABODHI and DEPOSITORY to act on the request for termination (usually less than a week).

Please provide the information you would like to have listed in the membership directory:

Name:

Address:

Phone Number:

Email Address:

Please provide the following information for participating in the ACD Direct Deposit/Withdrawal

Bank Name:

Bank Routing Number:

Your Account Number:

Account Type (checking or saving):

Monthly Amount (in dollars):

Name as it appears on the account:

Your signature and date:

Please attach a voided check to this document and then return it to:
Nalandabodhi Boulder, Attention Finance, 100 Arapahoe Ave, Suite #6
Or, Brett Campbell, 929 Marion St. #312 Denver CO 80218. Or, email to Brett at
brettacampbell1@gmail.com