



**Our Mission**

*The Women's Resource Center advocates for the personal empowerment and economic self-sufficiency of women and families in La Plata County.*

**ACH Recurring Payment Authorization Form**

Your payment will be automatically deducted from your checking or savings account. Please complete this form to get started and return to the Women's Resource Center in Durango.

I (we) \_\_\_\_\_ hereby authorize the Women's Resource Center in  
(print full name)

Durango, to electronically debit my (our) account (and if necessary electronically credit my (our) account to correct erroneous debit, indicated below to debit to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

For the amount of \$ \_\_\_\_\_ each month for payment of my membership contribution.

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Type of Acct:  Checking  Savings

Financial Institution Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Routing/Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_



This authority is to remain in full force and effect until the Women's Resource Center in Durango has received written notification from me (or either of us) of its termination in such time and manner as to afford the Women's Resource Center and ALPINE BANK a reasonable opportunity to act on it or as defined as follows:

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

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Women's Resource Center in Durango in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from y account as soon as the above noted periodic transaction dates. In the case of an ACH transaction being rejected for non-sufficient funds (NSF), I understand that Women's Resource Center in Durango may, at its discretion, attempt to process the charge again with 30 days, and agree to an additional \$38 charge for each attempt returned NSF that will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law. I Agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indication in this authorization form.

**PLEASE RETURN TO WOMEN'S RESOURCE CENTER IN DURANGO.**