



SHALOM CENTER
PHIL'S KITCHEN
FRIEND'S PLACE
STREET OUTREACH
RAPID RE-HOUSING
CRAWFORD HOMES

ACH Information & Agreement Form

Authorization Agreement

By choosing ACH and signing this form, I hereby authorize Beacon, Inc. to initiate automatic withdrawal from my account at the financial institution named below. I also authorize Beacon, Inc. to make credits to this account in the event a withdrawal entry is made in error. Further, I agree not to hold Beacon, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in withdrawing funds from my account. **All ACH debits are made on the 15th of each month or on the nearest business day when the 15th is on the weekend or holiday.**

ACH Information (ACH is monthly only)

Name on account: _____

Name of financial institution: _____

City: _____ State: _____ Zip: _____

Routing Number: _____

Account Number: _____

I authorize Beacon, Inc. to deduct \$_____ from my Checking Savings account, starting on _____ and ending on _____

Signature: _____

Please return to amykendall@beaconinc.org.