


HOPE HAVEN

A DIVISION OF  imagine the
POSSIBILITIES

828 N. 7th Street, Burlington, Iowa 52601 ■ (319) 754-4689

ACH Authorization Form

Customer Information

Customer name: _____

Street address: _____

City, state, and zip code: _____

Telephone: _____

Email address: _____

Above named Vendor hereby authorizes Hope Haven A Division of Imagine the Possibilities to originate electronic funds transfer (ACH) credit entries to Vendor's account, as indicated below, for payment for goods and/or services.

Banking Information

Name on bank account: _____

Type of account: Checking Savings

Bank routing number: _____

Bank account number: _____

Financial Institution: _____

If you change banks or accounts, please provide at least thirty (30) days written notice.

Vendor Authorization

Authorized Name/Title

Authorized Signature

Date

Please return this form by mail, fax, or email:

Hope Haven A Division of Imagine the Possibilities

Attn: Megan Simmons 1710 East Maple Street Maquoketa, Iowa 52060

Fax: (563) 652-4872 Email: msimmons@imagineia.org