



Bank Withdrawal (ACH) Authorization

I authorize Ruth Harbor Ministries to initiate electronic debits from my bank account for contributions in the amount of \$_____.

(Authorization remains in effect until contributor requests a change.)

Frequency of withdrawal (check only one): Monthly Quarterly One-time

To be withdrawn from my (check only one): Checking Savings

Start date: _____
Month Year

This amount will be withdrawn the (circle one) 5th 15th 25th **day of the month.**

- Monthly transfers will occur on this date every month. If this date falls on a Sunday or holiday, the transfer will occur on the following business day.
- Quarterly transfers will occur on this date every third month beginning on the "Start Date" indicated above.
- One-time transfers will occur only on the "Start Date" indicated above.

Name (please print) _____

Signature _____

Date _____

**CHECKING ACCOUNT-PLEASE ATTACH A VOIDED
CHECK
SAVINGS ACCOUNT – PLEASE ATTACH A DEPOSIT
SLIP**

Please return completed form to: Ruth Harbor
534 42nd Street
Des Moines, IA 50312

Or fax to: 515-633-2157