



AUTHORIZATION FOR DIRECT DEPOSIT VIA ACH (ACH CREDIT) NACEL OPEN DOOR

Check all that apply: _____ Begin Deposit _____ Change Information

I hereby authorize Nacel Open Door, Inc. to electronically credit my account (and, if necessary, to electronically debit my account to correct erroneous credits). I agree that ACH transactions I authorize will comply with all applicable law. Please attach VOIDED Check.

Account #1

__Checking Account/ __Savings Account (*select one*) at the depository financial institution ("DEPOSITORY") named below.

Depository Bank Name _____

Routing Number _____ Account Number _____

Name(s) on the Account _____

Amount of credit (i.e., flat amount or percentage) _____

I understand that this authorization will remain in full force and effect until I notify Nacel Open Door, Inc. by email (accounting@nacelopendoor.org) that I wish to revoke this authorization. I understand that Nacel Open Door, Inc. requires at least five working days notice in order to cancel this authorization. Please fax form to 651-305-1074.

Name: _____ Phone Number _____
(Please Print)

Email Address: _____

By checking this box, I agree that my name and the date below will constitute an electronic signature on this Direct Deposit form. I further agree that this electronic signature is the legally binding equivalent to my handwritten signature.

Signature: _____ Date: _____

Please notify Nacel Open Door of any change in name, address, or account information.

NAME	SAMPLE	0123
ADDRESS		
CITY, STATE, ZIP	DATE _____	
PAY TO THE ORDER OF _____	\$ <input type="text"/>	
		DOLLARS
BANK NAME		
ADDRESS		
CITY, STATE, ZIP		
FOR _____		
Routing Number	Account Number	