



ONE YOGA
A NONPROFIT ORGANIZATION

Authorization Agreement for Direct Payments (ACH Debits)

I (we) hereby authorize One Yoga, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

I (we) would like the debit entries to occur (select one) Monthly 5th Monthly 20th
(If any of these dates falls on a weekend or holiday, the debit will occur on the following business day.)

Your Name (print clearly) _____

Phone _____ Email (**PRINT LEGIBLY**) _____

Depository Financial Name _____

Routing Number _____

Account Number _____

Amount \$105

\$105 (\$5.00/month to support One Yoga's outreach

\$110 (\$10.00/month to support One Yoga's outreach

\$105 + \$_____/month to support One Yoga's outreach for a total of \$_____ per month

This authorization is to remain in full force and effect until the COMPANY has received written notification from me of its termination in such time and in such manner as to afford the COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Signature _____ Date _____

Please include a voided check with this agreement to ensure proper recording of bank routing and account numbers. Attach at the top left corner of this form.