



Dear Proud Ground Homeowner:

Thanks for your interest in automatic payments for your lease fees! Enclosed is the form to complete in order to start the automatic payments. This service will automatically withdraw money to pay your lease fees from your bank account on roughly the same day each month. If you start using the automatic payment program, I will no longer send monthly statements.

Proud Ground will withdraw funds between the fifth and the seventh day of each month. (If you would rather have your payment withdrawn on a different day of each month, note that on the form in the section that says "Optional: Day of month to withdraw funds if not the 5th.") You may choose to have the money withdrawn from either a checking or a savings account, but only one account per household.

A couple of things to know about this service:

1. Just like a bounced check, if a withdrawal is rejected due to insufficient funds, our bank will charge Proud Ground a \$35 fee. That bank fee and your original monthly payment will then need to be paid by you *by check, money order or cash*. We cannot try the withdrawal again, nor alter the amount to reflect the one-time bank fee.
2. You can change your bank account or leave this program at any time, but you must do so **in writing**, with a verifiable signature **at least 5 days before the fee is withdrawn**.

If you have any questions, please feel free to contact me, either by phone (503.493.0293 x 103) or by e-mail (dianne@proudground.org).

Sincerely,

Dianne Topp
Fiscal Director

Dreams Start Here.

5288 N INTERSTATE AVE., PORTLAND, OREGON 97217, 503.493.0293, www.proudground.org



Authorization Form For Direct Payments (ACH Debits)

Proud Ground

ES20685

FOR OFFICE USE ONLY	CUSTOMER #	DATE
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Effective date of authorization: _____	Optional: Day of month to withdraw funds if not the 5 th : _____	
Type of Authorization Form:	<input type="checkbox"/> New Authorization	<input type="checkbox"/> Change banking information
	<input type="checkbox"/> Change payment amount	<input type="checkbox"/> Discontinue electronic payment
	<input type="checkbox"/> Change payment date	

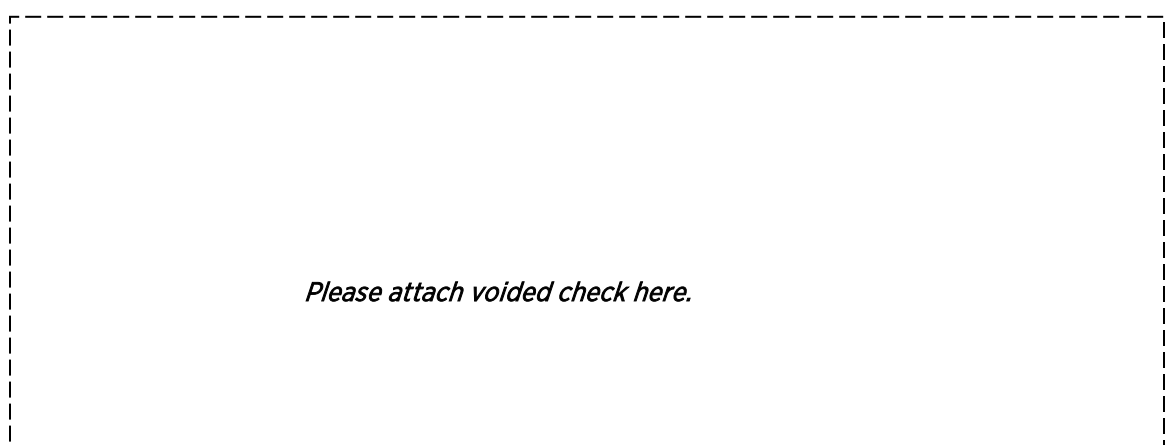
Last Name	First Name
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Address

City	State	Zip
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Please debit payments from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ Routing Number Account Number Check Number
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AGREEMENT I authorize the above company to process variable debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: _____ Date: _____



Please attach voided check here.