



## Bank Withdrawal (ACH) Authorization

I authorize Ruth Harbor 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**To be withdrawn from my** (check only one):  Checking  Savings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**This amount will be withdrawn the** (circle one) 5<sup>th</sup> 15<sup>th</sup> 25<sup>th</sup> **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 42<sup>nd</sup> Street  
Des Moines, IA 50312

Or fax to: 515-633-2157