

Automatic Clearing House (ACH) Authorization

For

**Rutland West Neighborhood Housing Services Inc.
D/b/a/ NeighborWorks of Western Vermont**

I (we) hereby authorize Rutland West Neighborhood Housing Services, Inc. D/b/a NeighborWorks® of Western Vermont, to initiate debit entries to my (our) checking account indicated below or our savings account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U. S. law.

BANK INFORMATION

Depository _____ **Branch** _____

Bank Address _____ **City** _____ **State** _____ **Zip** _____

Routing Number: _____ **Bank Account Number:** _____

Please check one that applies below.

The above account is a checking account _____ **this account is a savings account** _____

This authorization is to remain in full force and effect until NeighborWorks® has received written notification from me (or either of us) of its termination in such time and in such manner as to afford NeighborWorks® and bank named above a reasonable opportunity to act on it.

Rutland West NHS/NeighborWorks® Account Number # _____ Amount: _____

Please specify the day of the month to pull the payment from account on _____

Date _____

Name(s) _____ & _____

Signature(s) _____ & _____

PLEASE ATTACH A VOIDED CHECK IF CHECKING ACCOUNT

**Return to: Jacki White
NeighborWorks® of Western Vermont
110 Marble Street
West Rutland, Vermont 05777
Direct line 802-797-8101
Email: jwhite@nwwvt.org**