

# Minden Opera House Debit Authorization

I (we) hereby authorize **The Minden Opera House**, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account on the 15<sup>th</sup> of each month or on the following business day until I (we) chose to terminate said agreement. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name	Branch	
Address	City/State	Zip
Routing Number	Account Number	
Type of Account:    _____ <i>Checking</i> _____ <i>Savings</i>	Monthly Debit Amount	

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print Individual Name	Signature	Date
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**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM.**

## For Office Use

ID Number	Start Date	End Date
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