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### ACH Recurring Payment Authorization Form

Your payment will be automatically deducted from your checking or savings account. Please complete this form to get started and return with a voided check. The physical checks will be shredded once the information is inputted.

I (we) \_\_\_\_\_ hereby authorize Trails 2000, to electronically debit  
(Print full name)

my (our) account (and if necessary electronically credit my (our) account to correct erroneous debits) indicated below to debit to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

For the amount of \$ \_\_\_\_\_ each month for payment of my membership contribution.

Billing Address: \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

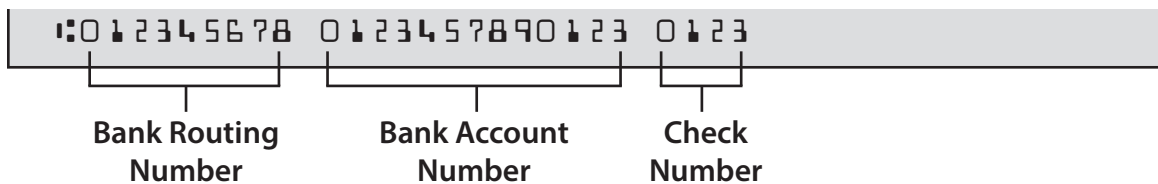
Email: \_\_\_\_\_

Type of Acct:  Checking  Savings

Financial Institution Name \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

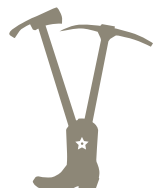
Routing/Transit Number) \_\_\_\_\_ Account Number \_\_\_\_\_



This authority is to remain in full force and effect until Trails 2000 has received written notification from me (or either of us) of its termination in such time and manner as to afford Trails 2000 and BANK OF COLORADO a reasonable opportunity to act on it or as defined as follows:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Trail 2000 in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH transaction being rejected for non-sufficient funds (NSF), I understand that Trails 2000 may, at its discretion, attempt to process the charge again within 30 days, and agree to an additional \$20 charge for each attempt returned NSF that will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indication in this authorization form.



PLEASE ATTACH A VOIDED CHECK AND RETURN TO Trails 2000 in the envelope provided.