



Community Shares of Colorado

Direct Deposit Agreement

Authorization Agreement

I hereby authorize Community Shares of Colorado and the Colorado Combined Campaign to initiate automatic deposits to my account at the financial institution named below. I also authorize Community Shares of Colorado and the Colorado Combined Campaign to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Community Shares of Colorado or the Colorado Combined Campaign responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Community Shares of Colorado receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form Community Shares of Colorado, in such time as to afford Community Shares of Colorado and Financial Institution a reasonable opportunity to act upon it.

Account Information

Organization Name: _____

Account Holder Name: _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking | Savings

Contact Email Address: _____

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

Please attach a voided check or bank letter verifying Account Holder Name, account number, and routing number, and return this form to finance@cshares.org, or by fax to 303-861-8354, or by mail to Community Shares of Colorado, Attn: Finance Director, 789 Sherman Street Suite 230, Denver CO 80203.

789 Sherman St Ste 230
Denver CO 80203
303-861-7507