PUBLIC SPACE ONE AUTHORIZATION FOR DIRECT DEBIT

(ACH Debits)

I (We) hereby authorize **Public Space One** (hereinafter called **Company**) to initiate Debit entries for the following membership contribution charges to my (our) account(s) indicated below on or about the 1st of each month and the depository financial institution named below, herein after called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with provisions of U.S. law.

Membership contribution	amount			
Depository Name:(Name of Bank)				
Branch:(Optional)	City:	State:	Zip:	
Routing/Transit #	(9	Digits)		
Account Number:		Checking (Check one	Savings	
	ation in such time an	d in such manner as	NY has received written notification from n s to afford COMPANY and	ne (o
Name(s):				
Signature:		Date:_		
Address:		PH:		

ATTACH VOIDED CHECK HERE: