

Agudas Achim Congregation

Authorization for Direct Debit

I (We) hereby authorize **Agudas Achim Congregation** (hereinafter called Company) to initiate Debit entries to my (our) account(s) indicated below on the _____ (date) of each month, and the depository financial institution named below (hereinafter called Depository) 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.

Bank Name: _____ **Branch Address:** _____

City: _____ **State:** _____ **ZIP:** _____

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

Checking Account Savings Account

Amount of monthly donation: \$ _____

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

Name(s): _____

Signature: _____ **Date:** _____

Phone: _____ **Email:** _____

Authorization for Recurring Credit Card Contributions

I (We) hereby authorize **Agudas Achim Congregation** (hereinafter called Company) to charge my debit/credit card indicated below on the 1st and/or 3rd Friday of each month (as indicated).

Cardholder Name: _____

Credit Card Number: _____

Expiration Date: _____ **Type:** Visa Mastercard Discover **CVV Code:** _____
(3-digit code on back of card)

Amount of donation per instance: \$ _____

Date(s) for donation to be debited from my (our) account: 1st Friday of each month
 3rd Friday of each month

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 in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Signature: _____ **Date:** _____

Phone: _____ **Email:** _____