

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

SIKH SOCIETY OF HARRISBURG

Contact Sikh Society of Harrisburg with any questions and concerns (717) 836-0202

Envelope #		Phone	
Last Name		First Name	
Address			
City		State	Zip
Email			

Please debit my contribution from my (check one): <input type="checkbox"/> Checking Account (attach a voided check) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	Routing Number: _____ (Valid Routing # must start with 0, 1, 2, or 3)
	Account Number: _____

Date of First Contribution: ____/____/____	Frequency of contribution: (Please Check only one) <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th	Amount to give: <input type="checkbox"/> General fund \$ _____ <input type="checkbox"/> Building fund \$ _____ TOTAL \$ _____
Special Instructions:		

AGREEMENT

I authorize Sikh Society of Harrisburg to process the debit entries to my account. I understand that this authority will remain in effect until I provide 30 days notification to terminate the authorization.

Authorized Signature: _____ Date: _____

Please staple voided check here.

Please return the completed form to the Gurudwara office