

Hindu Samaj Mandir

247 West Ramapo Ave, Mahwah, NJ 07430
(201) 529-1277 | www.hindusamajmandir.org

Automatic Donation Form

(Please mail this form to the address given above or email to manager@hindusamajmandir.org)

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (We) hereby authorize HINDU SAMAJ, Inc. (247 West Ramapo Ave, Mahwah, NJ 07430), to initiate debit entries to my (our) Checking Account / Saving Account (select one) indicated below at the depository financial institution mentioned below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the obligation of the ACH transaction to my (our) account must comply with the provisions of US laws.

Bank/ Depository Name: _____

City: _____ State: _____

Routing Number: _____

Account Number: _____

Amount Authorized: _____ Frequency: **Once a month** Date in each month: 5th

Month of first debit: _____

This authorization is to remain in full force and effect until HINDU SAMAJ has received notification from me or either of us of its termination.

Name: _____

(Please Print)

Name: _____

(Please Print)

Phone Number: _____

Email address: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Attach a copy of the voided check here

Name & Phone Number of the person who collected this form

(You can stop participating in this program anytime by calling **201-529-1277** or emailing manager@hindusamajmandir.org)