

Hindu Samaj Mandir
247 West Ramapo Ave, Mahwah, NJ 07430
(201) 529-0110 | www.hindusamajmandir.org

Automatic Donation Form

(Please mail this form to the address given above)

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 voided check here

Name & Phone Number of the person who collected this form
(You can stop participating in this program anytime by calling Dinesh Khosla at 201-934-6818)