



One-Time or Recurring Payment Authorization Form for Withdrawal from Checking/Savings Account

You are authorizing a one-time payment and/or regularly scheduled charges to your checking/savings account. You will be charged one-time or if a recurring payment is authorized, you will be charged each billing period for the total amount due for that period. **Please complete the information below.**

I, _____, authorize Or Hadash to charge/debit my account as follows:

One-time payment:

Transaction Amount: _____ Transaction Date: _____

Recurring Monthly Payments:

Date of first payment _____

Fixed Amount for each charge: \$ _____

Checking Account Savings Account

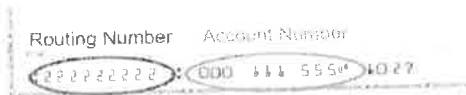
Name on Account _____

Bank Name _____

Bank City/State _____

Account Number _____

Bank Routing # _____



Account Holder contact information

Billing Address:

Street _____

City _____

State & Zip _____

Phone # _____

Email: _____

Signature _____ Date _____

I agree to notify Or Hadash in writing of any changes in my account information or termination of this authorization 15 days prior to the next due date of the charges. I understand that because this is an electronic transaction, these funds will be withdrawn from my checking or savings account each month. I acknowledge that the origination of ACH/checking or savings account transactions must comply with the provisions of U.S. Law. I will not dispute the Synagogue's recurring billing with my bank so long as the transaction corresponds to the terms indicated in the agreement.