

ACH Payment Authorization

I authorize a withdrawal by Temple Beth Tikvah from my checking/savings account. I understand that the amount indicated below will be withdrawn from my account as indicated.

I, _____, authorize Temple Beth Tikvah to
(Congregant's Full Name)
charge my bank account payment as indicated below.

Annual Fund: _____ Amount: _____

Billing Information:

Billing Address: _____ Phone: _____

City, State, Zip: _____ Email: _____

Bank Information:

Checking: _____ Savings: _____

Names on Account: _____

Bank Name: _____

Account Number: _____

Routing Number: _____

I understand that this authorization will remain in effect throughout our fiscal year unless I cancel it in writing, and I agree to notify Temple Beth Tikvah in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the prior or next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Temple Beth Tikvah may at its discretion attempt to process the charge again within 10 days and agree to an additional \$35 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the organization of ACT transaction to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in the authorization form.

Signature: _____ Date: _____