

## Beth Chayim Chadashim ACH Debit Authorization Form

Please complete this form, print and sign it, and then either e-mail it to us or send it to us via regular mail.

**Personal information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Financial institution information for ACH transactions (attaching a copy of a voided check, if available, will be useful in ensuring that your account is set up correctly):

Bank name: \_\_\_\_\_

Bank phone number (if known): \_\_\_\_\_

Routing number: \_\_\_\_\_

Account number: \_\_\_\_\_

I authorize Beth Chayim Chadashim to withdraw funds from this bank account as follows:

\_\_\_ Annually, in the amount of \$\_\_\_\_\_, beginning on \_\_/\_\_(month/date).

\_\_\_ Monthly, in the amount of \$\_\_\_\_\_, beginning on \_\_/\_\_(month/date).

\_\_\_ Quarterly, in the amount of \$\_\_\_\_\_, beginning on \_\_/\_\_(month/date).

\_\_\_ Whenever I request (by e-mail, regular mail, fax or in person) that Beth Chayim Chadashim do so.

Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

**Rights and Conditions:**

1. You may cancel your ACH Authorization at any time by notifying Beth Chayim Chadashim in writing ten days in advance of a scheduled ACH transaction.
2. ACH payments returned for insufficient funds may be charged an insufficient funds fee.

