



Sri Venkateswara Temple of NC

P.O. Box 4388, Cary, NC, 27519-4388 ; Ph: (919) 468-0040

Federal ID: 56-1982240

Official Use Only

ACH ID: _____

First Month: _____

Last Month: _____

Authorization Agreement for Donation by ACH Transfer

Donation/Month: \$ _____

Number of Months: _____

Starting month (mmm/yyyy) _____

Total Donation Target: \$ _____

Donation Towards: Patron(>\$50) Vighraha Puja Other

Comments: _____

I (we) hereby authorize SV Temple of NC to initiate debit entries to my (our) account indicated below and the financial institution named below to debit the same to such account.

Name of Bank: _____

Bank ABA (9 digits): _____ Account Type: Checking Saving

Account Num: _____

Name of Account Holder(s): _____

This authority is to remain in full force and effect until SV Temple of NC has received written notification from me (or either of us) of its termination in such time and in such manner as to afford SV Temple of NC a reasonable opportunity to act on it.

X _____
Signature / date

X _____
Signature/date

Address : _____

Email Address : _____ Phone : (____) _____

Please attach a voided check preprinted with account information