



104 Mount Horeb Rd Warren, NJ 07059

## ACH Authorization Form

### CREDIT AUTHORIZATION FORM

I/We hereby authorize Temple Har Shalom to initiate entries to my/our checking/savings account at the financial institution listed below. This authority will remain in effect until Temple Har Shalom is notified by me/us in writing to cancel it in such time as to afford Temple Har Shalom and the Financial Institution a reasonable opportunity to act on it.

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Address of Financial Institution - (Branch, City, State & Zip)

\_\_\_\_\_  
Family Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Authorization of Charge (select all that apply):

<u>Temple Investment/Dues</u>		<u>Religious School/B'nai Mitzvah Fees</u>		<u>Other Charges</u>	
				Amount: \$	
<input type="radio"/>	Pay in Full	<input type="radio"/>	Pay in Full	<input type="radio"/>	Pay in Full
<input type="radio"/>	Monthly Installments (must be paid in full by 5/2020)	<input type="radio"/>	Monthly Installments (or recalculate and add to existing installment-must be paid in full by 5/2020)	<input type="radio"/>	Monthly Installments (or recalculate and add to existing installment-must be paid in full by 5/2020)

Please Select preferred date for ACH deduction:  15<sup>th</sup> of month or  30<sup>th</sup> of month

Financial Institution Routing Number: \_\_\_\_\_

Checking/ Savings Account Number: \_\_\_\_\_

These numbers are located on the bottom of your check as follows:

**|:123456789|: 1234567890123**

Routing Number    Account Number **\*\*\*Please Attach a voided check or send a copy of a check with this form\*\*\***