

New ACH Payment Authorization Form

Name:		(Please Print)	
eMail:		Phone:	
Address:			
listed below to process a	mounts due from m	ew England Sikh Study Circl le/us via Automated Clearin ing entries as may be requir	• ,
Bank Name:		Location:	
Bank Phone:		(city)	(state)
Account Number:			
Account Type:Savings	sChecking	Start Date :	
Monthly Debit amount ex	recuted by Leader B	Bank. Please check one:	
\$1000 (1 mer	mber contributing at th	his level)	
\$500 (3 mer	(3 members contributing at this or higher level)		
\$300 (7 mer	(7 members contributing at this or higher level)		
\$200 (10 me	(10 members contributing at this or higher level)		
\$100 (60 me	(60 members contributing at this level)		
Other Please	Please specify amount \$		
accordance with the men withdrawals. This Author	mber's instructions a rization may take up v Circle is not respor	o to one month to activate. ⁻	an ACH transaction in mber's responsibility to verify The member understands that ik fees. I/We may cancel this
Member - Authorized Sig	 inature	 Date	

Important: New ACH members should bring or attach a VOIDED Check with this form.