AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name Congregation Beth Yeshurun

Company ID Number _____

I (we) hereby authorize Congregation Beth Yeshurun , hereinafter called COMPANY, to initiate debit entries to my (our) □ Checking Account/ □ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Amount of Monthly Withdrawal $_____ Date of Withdrawal 5th/20th (circle one)

The ACH Debit will be applied to my account in the following order: United Synagogue Dues, Security Assessment, Building Fund Pledge, and Synagogue Dues.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

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

Name(s) _____ ID Number _____
(Please Print)

Date _____ Signature _____