

Hindu Samaj Temple of Minnesota, Inc.

911 11th Av NW, Rochester MN 55901
A Registered Private Non-Profit Organization

Automatic Monthly Donation to Temple through Direct Bank Debit Authorization Form

Member # _____ (for internal use only)

Name: _____
First name Last name Middle

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Email address: _____

Bank Name: _____

Checking Account number _____

Savings
Routing number _____
(9 digits)

Monthly contribution amount: \$200 \$100 \$50 \$25 \$10 (specify) _____

Month, Year to start the debit: _____, _____

I do hereby give permission to Hindu Samaj Temple of MN and their banking institution to debit the authorized amount mentioned above once every month. This authorization will be valid until revoked by me in writing. Unless otherwise stated the debit will be third or fourth week of every month. I understand that this a tax-deductible donation to the Temple and I will receive an acknowledgement of my yearly contribution in the month of January the following year.

Please attach a **VOIDED CHECK**.

Date:

Signature(s) of account holder(s):