

Hindu Samaj Temple of Minnesota, Inc.

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

Automatic Monthly Direct Bank Debit Authorization Form for Receiving KwikTrip Gas Cards

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)

I do hereby give permission to Hindu Samaj Temple of MN and their banking institution to debit the authorized amount mentioned below once every month. This authorization will be valid until revoked by me in writing or by an email to finance@histemplemn.org. Unless otherwise stated the debit will be in the third or fourth week of every month.

This debit authorization is only for the monthly purchase of KwikTrip Cards in the following denominations (\$25 x __, \$50 x __, \$100 x __, \$200 x __) for a total monthly debit of \$__ . This debit shall start from the month of _____. I would like the cards to be delivered in the first week of each month to the address noted above.

Attached is a **VOIDED CHECK**.

Date:

Signature(s):