
ACH AUTHORIZATION FORM FOR AUTOMATIC MONTHLY PAYMENTS

I (we) hereby authorize Beit Am Mid-Willamette Jewish Community Inc. (hereafter 'Beit Am') to initiate entries to my (our) checking/savings account at the financial institution listed below, and, if necessary, initiate adjustments for any transaction credited/debited in error.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Beit Am in writing of any changes in my account information and/or changes to this authorization at least 2 business days prior to the next billing date. If the payment falls on a weekend or holiday, I understand that the payment(s) may be executed the next business day. I certify that I am an authorized signer on this bank account.

Beit Am shall execute ACH transactions solely within the terms of this agreement, according to the payment amount and timing indicated in the section below:

Checking

Savings

(Name on Account)

(Name of Financial Institution)

(Financial Institution City/State)

Monthly Payment of _____ shall be initiated on the 5th of each month, or nearest business day following the 5th, should that date fall on a weekend or holiday.

Routing Number: _____

Account Number: _____

SIGNATURE _____ DATE _____

Example of Routing and Account Numbers, as they appear at the bottom of your check:

Ⓜ 123456789 Ⓜ 1234567890123 Ⓜ
Routing Number Account Number

Please attach a cancelled check or deposit slip