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## ACH AUTHORIZATION FORM FOR AUTOMATIC MONTHLY PAYMENTS

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I (we) hereby authorize Beit Am Mid-Willamette Jewish Community (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:

**PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP**

Checking

Savings

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(Name on Account)

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(Name of Financial Institution)

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(Financial Institution City/State)

Monthly Payment of \_\_\_\_\_ for Membership

and/or \_\_\_\_\_ for New Building

shall be initiated on the 5<sup>th</sup> of each month, or nearest business day following the 5<sup>th</sup>, 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