



Quad City Hindu Temple, NFP.

9801, 14th Street W, Rock Island, IL 61201.



Automatic Monthly 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 \$150 \$100 \$50 \$30 (specify) _____

Month, Year to start the debit: _____, _____

I do hereby give permission to Quad City Hindu Temple 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.

Please attach a **VOIDED CHECK**.

Date:

Signature: