



Temple Beth David Orange County

ACH AUTHORIZATION AGREEMENT (ACH Debits)

I (we) _____ hereby authorize Temple Beth David of Orange County, herein after called Temple Beth David, to initiate debit entries to my (our) ___ Checking Account/ ___ Savings Account (select one) indicated below at the depository financial institution named below. Funds so debited will be deposited for the benefit of Temple Beth David into its account at Farmers & Merchants Bank (F&M Bank). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Payment Information

Amount of payment _____

Date of Monthly Payment* (check one)
5th _____ 20th _____

Bank Information

Bank _____

Branch _____

City _____

State _____ Zip _____

Routing
Number _____

Account
Number _____

(Contact bank if unsure)

All periodic withdrawals will cease once my balance is paid in full. This authorization is to remain in full force and effect until Temple Beth David has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Temple Beth David and F&M Bank a reasonable opportunity to act on it. I/we may call the Temple office and request that a debit be made at any time for any purpose such as a donation or tickets. My (our) bank account will only be debited for amounts due Temple Beth David.

Signature(s)

Date

Signature(s)

Date

* Approximate date each month that funds will be withdrawn (due to weekends, holidays, individual bank policies, etc).

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE ORIGINATOR MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE RECEIVER IN THE MANNER SPECIFIED IN THE AUTHORIZATION.