



# Gurdwara Sikh Sadh Sangat Inc

45 Hilton Street, Easton, PA 18042, Email: [admin@Sikhsadhsangat.org](mailto:admin@Sikhsadhsangat.org)

## Recurring ACH Payment Authorization

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your bank statement as an "ACH Debit".

I \_\_\_\_\_ authorize Sikh Sadh Sangat Inc to charge my  
(Full Name) (Merchant's Name)

bank account indicated below for \$ \_\_\_\_\_ on the \_\_\_\_\_ of  
(Amount \$) (day)  
each \_\_\_\_\_.  
(week, month, etc.)

### Billing Information

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

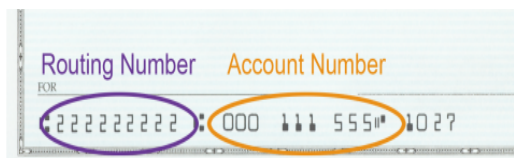
### Bank Details

Checking  Savings

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Routing Number \_\_\_\_\_



### **\*Please send us void check also with this authorization form**

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify 10 days in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE \_\_\_\_\_  
(Account Holder's Signature)

DATE \_\_\_\_\_