



Payment by ACH

Authorization Agreement for ACH withdrawals

Return Completed Form to:

White & Katzman; 111 Roberts St, Suite G-1, East Hartford, CT 06108-3666

I hereby authorize Farmington Valley Jewish Congregation-Emek Shalom hereinafter called Company, to initiate debit entries to my account indicated below at the depository financial institution named below, hereinafter called Depository, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Payment Type:	Amount:
Membership: 8 Payments (August through March)	\$
Voluntary Dues: 8 Payments	\$
Tuition: Full payment required at registration (Indicate TOTAL family tuition amount)	\$
Building Fund: 8 payments (August through March)	\$
TOTAL AUTHORIZED WITHDRAWAL AMOUNT	\$
High Holiday Silent Appeal : (to be paid via ACH single payment following Yom Kippur):	Amount will be pledged at High Holidays (initial here) _____

BANKING INFORMATION

Bank Name	
Bank Address	
Account Holders Name	
Bank Routing Number (ABA) 9 digit	
Account Number	
Account Type	___ checking ___ savings
Customer's name (please print)	
Address	
Phone Number	
Please provide a copy of a voided check	

This authorization is to remain in full force for one billing year or until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Signature	
Date	