

TEMPLE ISAIAH
12200 Scaggsville Road, Fulton, Maryland 20759

**DIRECT DEBIT PAYMENT AUTHORIZATION FORM
FOR DUES PAYMENT**

We are pleased to offer you the Direct Debit Payment Plan. Now you can have your payment deducted automatically from your checking or savings account.

The Direct Debit Payment Plan will help you in several ways:

- It saves time – fewer checks to write
- Helps pay your bills in a convenient and timely manner
 - Your payment is always on time
 - It saves postage
 - It's easy to sign up
 - It's easy to cancel

Here's how the Direct Debit Payment works: You authorize regularly scheduled payments to be made from your checking or savings account. Your payments will be made automatically on the day you specify. Proof of payment will appear on both your bill as well as the statement you receive from your financial institution. The authority you give to charge your account will remain in effect until you notify us in writing to terminate the authorization. To take advantage of this service, complete the attached authorization.

All you need to do is:

- 1) Mark the box indicating whether the account is checking or savings.
- 2) Pick your preference of payment schedule
- 3) Fill in your name, financial institution, and payment amounts.
- 4) If you are using your checking account, attach a voided check for verification of all financial institution information.
- 5) Complete your name and address and sign and date the form.

PLEASE COMPLETE THE INFORMATION BELOW AND RETURN BY MAIL OR FAX (301-317-1594)

I authorize Temple Isaiah to initiate electronic debit entries to my:

CHECKING ACCOUNT (or) SAVINGS ACCOUNT

For payment of my annual dues totaling \$_____ for the fiscal year 2017-2018. I understand that my account will be debited according to one of the following payment schedules:

Plan A. 100% of total due - \$_____ on July 31, 2017 OR

Plan B. 50% of total due - \$_____ on July 31, 2017

25% of total due - \$_____ on October 31, 2017

25% of total due - \$_____ on January 31, 2018

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

FINANCIAL INSTITUTION NAME (PLEASE PRINT) _____

ACCOUNT NUMBER _____ **ROUTING NUMBER** _____

PRINT NAME _____

ADDRESS _____

SIGNATURE _____ **Date** _____