

Temple Isaiah
12200 Scaggsville Road, Fulton, Maryland
20759

**DIRECT DEBIT PAYMENT AUTHORIZATION FORM
FOR MONTHLY PAYMENTS**

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 the statement you receive from your financial institution. The authority you give to charge your account will remain in effect until April 1, 2018 unless you notify us in writing to terminate the authorization. To take advantage of this service, complete the authorization below.

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 the name and address and sign 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 the amount of \$_____ each month for ten consecutive months from 7/1/18 to 4/1/19. These monthly payments will fulfill my FY 2018 obligation for Dues, Tuition, Building Assessment (or Capital Fund). I recognize that payments will be credited to dues and tuition before the building obligation is eliminated.

Include the \$54 Security Fee in my July payment Yes No

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 _____