# Bank Draft Authorization Form 2009-2010

| AUTHORIZATION FOR AUTOMATIC PAYMENTS FROM BANK ACCOUNT | | | |
|---|---|---|---|
| My Name: | | Name of Company Initiating Payments ("Company"):<br>**Congregation Kol Shofar** | |
| My Bank's Name & Branch: | My Bank's City, State & Zip: | My Customer Account No. with Kol Shofar:<br>(to be completed by Kol Shofar) | |
| My Bank Account No: | My Bank's Routing Number (from checks): | Payment Frequency:<br>❑ 10th of each Month *<br>❑ 25th of each Month | Approximate Date of First Automatic Payment:<br>July 2009 |

***Your bill will be divided in equal monthly payments ending June 2010***

I hereby authorize Congregation Kol Shofar and its bank, to initiate withdrawals ("debits") from my checking account ("My Bank Account") identified above as My Bank through the Automated Clearing House system. These debits are to be processed beginning on the date indicated above. If this date, or the same day of the month during which a subsequent debit is to be processed, is not a banking day on which the debit can be processed, the debit should be processed on the banking day before or after the scheduled date, at Congregation Kol Shofar's option. I also authorize Congregation Kol Shofar to initiate deposits ("credits") to My Bank Account to correct any errors that may have been made with debits from My Bank Account. I authorize My Bank to process these debits from and credits to my Bank Account.

This authorization will remain effective until I give Congregation Kol Shofar written notice to the contrary and Congregation Kol Shofar has had a reasonable period of time to act on that notice. My revocation of Congregation Kol Shofar's authority to initiate debits to My Bank Account will not affect Congregation Kol Shofar's right to initiate credits to My Bank Account to correct or adjust a debit processed before my revocation of authority has become effective.

| I Warrant to Congregation Kol Shofar, their bank and my bank that: (check one of the options listed below) | | Today's Date |
|---|---|---|
| ❑ Only my signature is needed on this authorization to make it effective for My Bank Account. | ❑ Everyone whose signature is needed on this authorization to make it effective for My Bank account has signed it. | My Signature |
| | | Signature of Other Required Signer |

**Please Check all items that you authorize:**

__ Membership Dues __ Beit Binah Tuition

A one-time charge to your bank account may be selected for any of the following:

__ Memorial Plaques (one-time charge)
__ High Holy Day Pledge (to be charged upon receipt of your pledge card)
__ Book of Life (one-time charge)
__ High Holy Guest Tickets (one-time charge)
__ High Holy Day Children's Program (one-time charge)

**Please attach a voided check**.
You will be charged a $25.00 returned item fee if there are insufficient funds in your account (these automatic payments are treated just like checks by both your and our banks).

***If no date is selected you will be billed on the 10th of each month**.

This payment plan may only be revoked if an alternate payment plan is arranged with Congregation Kol Shofar

**Over**

**Congregation Kol Shofar, P.O. Box 970, Mill Valley, CA 94942 388-1818 or 460-1818**