



5303 Winters Chapel Road, Atlanta, GA 30360

770-399-5300

DIRECT DEBIT (E-CHECK) AUTHORIZATION FORM

2022 - 2023

I (we), _____ hereby authorize **Congregation Beth Shalom, Inc.** to debit membership obligations (please select one of the following options):

- A. ____ Pay in Full: July 15, 2021
- B. ____ Semi-Annual (July and January)
- C. ____ Quarterly (July-October-January-April)
- D. ____ Monthly (July-June)

Payment date: _____ (choose any date between the first and the twentieth.

Payments are processed on the next business day if the date you select falls on a weekend or holiday.

Debit Authorization is for the following:

____ Synagogue Dues ____ Security Fee ____ Building Fund _____

Name on Account: _____

Bank Name: _____

City: _____ State: _____ Zip Code: _____

Account Type: (check one) ____ Checking ____ Savings

Account Number: _____

Bank Routing Number: _____

This authorization is to remain in full force and effect for the fiscal year or until **Congregation Beth Shalom** has received a minimum of 14 days' written notification terminating this authorization. I (we) further understand that I am liable for all amounts due should a debit transaction be declined and that I (we) agree to pay a \$35 fee for all returned debit transactions.

Signature: _____

Print Name: _____ Date: _____