

# AUTOMATIC BANK DRAFT AUTHORIZATION FORM FOR PREARRANGED PAYMENTS (DEBITS) FOR BETH EL DUES, TALMUD TORAH TUITION AND ADDITIONAL CONTRIBUTIONS

**Form must be submitted to the Beth El office by July 31, 2015  
We will NOT be able to accept auto-draft participants after July 31, 2015.**

This is my authorization for Beth El Synagogue to automatically debit my checking \_\_\_\_\_ or savings \_\_\_\_\_ account. I understand that this is for 10 months and that next year I will need to either reestablish this draft or pay my dues in full.

My/Our total dues pledge for 2015-2016 is     \$ \_\_\_\_\_  
Talmud Torah Tuition for 2015-2016 is     \$ \_\_\_\_\_  
Additional Contributions for 2015-2016 are   \$ \_\_\_\_\_

Draft options are the 5<sup>th</sup> of each month or quarterly

Please draft my account for 10 monthly payments on the 5<sup>th</sup> of the month (Aug. 2015-May 2016)

Amount: \$ \_\_\_\_\_/month

Please draft my account in four equal installments (Aug. 2015, Nov. 2015, Feb. 2016, May 2016)

Amount: \$ \_\_\_\_\_/four times

*(Please attach a "voided" check for verification of account number and ABA number).*

Account number \_\_\_\_\_ Bank Transit/ABA number 053 \_\_\_\_\_

at the \_\_\_\_\_ branch of \_\_\_\_\_  
(Branch) (Bank Name)

in (city) \_\_\_\_\_, North Carolina.

I understand this authorization will be in effect for the 2015-2016 fiscal year or until I notify Beth El Synagogue that I no longer desire this service, allowing it reasonable time to act on my notification. I understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account. I have the right to stop payment of a debit entry by notifying Beth El Synagogue before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount credited to my account within 15 calendar days (45 days after posting, whichever occurs first) provided I have given Beth El Synagogue written notification of such an event.

Date \_\_\_\_\_

\_\_\_\_\_  
Name(s) **(Please print)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Important Note**  
Any fees incurred by Beth El due to  
insufficient funds will be passed on  
to you for payment.

Attach Voided Check Here: