

TASHI CHÖLING

AUTHORIZATION AGREEMENT FOR RECURRING ELECTRONIC PAYMENT

I hereby authorize Tashi Chöling to initiate debits to my Checking or Savings Account indicated below for the amounts and frequencies indicated below.

Amount to be Debited \$ _____

Frequency of Payments:

____ Monthly ____ Quarterly ____ Semi-Annually ____ Yearly

Approximate date of Payments:

____ 1st ____ 15th ____ Other

Donation Categories:

____ General Fund

____ Ordained/Retreatant Fund

____ Temple Support Fund

____ Educational Program Fund

____ Debt Retirement Fund

____ Endowment Fund

ACH

Bank Name: _____

City _____ State: _____ Zip: _____

Routing Number: _____ Account Number: _____

(Circle One) Checking / Savings

This authorization is to remain in full force and effect for the number of payments authorized above or until Tashi Chöling has received written notification from me of its termination, in such time and such manner as to afford Tashi Chöling and DEPOSITORY a reasonable opportunity to act on it.

Signature: _____

Name: _____ Date: _____

(Print Name)

Street

City

Zip

Thank you! Please return to: TASHI CHOLING * Box 64 * Ashland, OR 97520