

CHINMAYA MISSION ATLANTA, INC

5511 Williams Rd. Norcross. GA. 30093
(a non-profit organization established 2006)

www.chinmaya-atlanta.com

AUTHORIZATION FORM FOR AUTOMATIC RECURRING PAYMENTS

Company Name: Chinmaya Mission Atlanta, Inc. Tax ID 45-4175121

I/We authorize Chinmaya Mission Atlanta, Inc to initiate monthly debit entries to my/our checking account indicated below and the bank named below, herein after called Depository to debit the same to such account.

Donors Bank Name (Depository) : _____

City: _____ State: _____ Branch: _____

ABA#/Routing Number _____

Account Number: _____

Account Name: _____

Authorized Debit Entry Amount \$ _____ every month, beginning date{ _____

This authority is to remain in full and effect until the Company and Depository have received notification from me/either of us of its termination, in such time and such manner as to afford the Company and Depository a reasonable opportunity to act on it.

Donors Name/s _____ Signature _____ Date _____

_____ Signature _____ Date _____

*PLEASE ATTACH A VOIDED CHECK.