

Recurring ACH Payment Authorization

You authorize regularly scheduled charges to your checking/savings account for payment of your dues and Building Assessment. You will be charged the amount indicated below for each billing period. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected. (Please note that the 2023 dues amount is \$1620 per family, plus a \$100 Building Assessment fee. The total for paying those via ACH is \$143.33 monthly, \$430 quarterly, or \$860 semi-annually.)

I _____ authorize _____ to charge my
(Full Name) (Congregation Name)

bank account indicated below for \$ _____ around the third day of the particular
(Amount \$)
month when periodic charges are due. I would like payments to be processed

- Monthly (Around the 4th of each month)
- Quarterly (January 4, April 4, July 5, and October 4)
- Semi-Annually (April 4 and October 4)

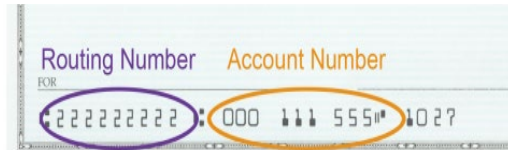
Billing Information

Billing Address _____ Phone # _____
City, State, Zip _____ Email _____

Bank Details

- Checking
- Savings

Name on Account _____
Bank Name _____
Routing Number _____
Account Number _____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Congregation Beth El in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF), I understand that Congregation Beth El may at its discretion attempt to process the charge again within 30 days, and I agree to an additional \$20 charge for each attempt returned because of non-sufficient funds (NSF), which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____
(Account Holder's Signature)

DATE _____

