

**AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENTS
(ACH DEBITS)**

I (we) hereby authorize SIDDHA YOGA MEDITATION CENTER IN HONOLULU

to initiate debit entries of \$_____ between the 15th and 20th of each month from my (our) Checking Account / Savings Account (select one) at the financial institution named below and to debit the same to such account.

Financial Institution: _____ Branch: _____

City: _____ State: _____ Zip: _____

Routing Number: _____

Account Number: _____

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

This authorization is to remain in full force and effect until Siddha Yoga Meditation Center in Honolulu has received written notification from me (or either of us) of any change to the amount to be debited or its termination. 30 days notice will give both the Siddha Yoga Meditation Center in Honolulu and my Financial Institution a reasonable opportunity to act on it.

Name(s): _____
(Please Print)

Signature: _____

Signature: _____
(if Joint Account)

Date: _____

Return this FORM WITH YOUR VOIDED CHECK

- 1) in the Center Fund Box or
- 2) mail to: Siddha Yoga Meditation Center in Honolulu
Pledge Administrator
2964 East Manoa Road
Honolulu, HI 96822

For more information please email us at symchonolulu@hotmail.com or leave a message for the Finance Coordinator at 597-9194.