

For Auto Debit payment please ensure the following.

- Fill the form below,
- Signed by all party listed on the checks,
- Attach a VOIDED check.
- Mail to:

Sikh Foundation:
P.O. Box 27131,
San Diego, CA 92198

(Note: If not sure about Bank information, we can pick the information from the VOID check).

Commercial Bank ACH Sample Debit Authorization
AUTHORIZATION AGREEMENT FOR ACH DEBITS

Company ID Number: 33-0900214 Company Tax ID or SSN (Company Tax ID or SSN)

I (WE) hereby authorize **THE SIKH FOUNDATION**, herein after called COMPANY, to initiate Debit entries and/or correction entries to our Checking/Savings account (Select one)

Indicated below at the depository named below, herein called **DEPOSITORY**, to credit the same such account.

DEPOSITORY NAME: _____ **BRANCH:** _____
CITY: _____ **STATE:** _____ **ZIP:** _____
BANK TRANSIT/ABA NUMBER: _____ **ACCOUNT NUMBER:** _____

Amount to Debit:

This Authorization is to remain in full force until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY reasonable opportunity to act upon it.

NAME (S) _____ **TAX ID NUMBER:** _____

Address: _____

Phone: _____

SIGNATURE _____ **DATE:** _____

SIGNATURE _____ **DATE:** _____

**** ATTACH AN ORIGINAL IMPRINTED VOIDED CHECK ****