



## AUTHORIZATION AGREEMENT DIRECT PAYMENTS (ACH DEBITS)

## PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM BEFORE SUBMITTING AND RETAIN A COPY OF THE FORM FOR YOUR RECORDS

I (we) hereby authorize Sikh Educational Foundation of the Carolina (SEFC), to debit entries to my (our) account indicated below and the Financial Institution named below, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

| (Your Financial Institution Name) (I  | Branch)                                  |         |
|---|--|---------|
| (Bank Address)  | (City-State)                             | (Zip)   |
| (Routing/Transit Number)  | (Account Number)                         |         |
| Type of Account:Checking Saving (if selecting a savings account, please contact y   |  |         |
| Amount: \$  |  |         |
| One Time:   |  |         |
| Recurring Deposit : On Day  | of Month                                 |         |
| This authority is to remain in full force and eff-<br>termination in such time and manner as to affo<br>it, unless indicated to be one time transaction a | rd SEFC and Bankers Trust a reasonable o |         |
| (Print individual name)   | (Print individual                        | name)   |
| (Signature)   | (Signature)                              |         |
| (Date)  | (Date)                                   | <u></u> |