



Direct Payments (ACH Debit) Authorization Agreement

Account Holder Information

Name: _____ Email: _____

Address: _____

Bank Information: (Attach voided check)

Bank Name: _____ Your Account #: _____

Bank Routing and Transit #: (9 digits) _____

Checking Account Savings Account

Transaction Information

Commitment including membership dues, building fund,
security and Berkman Mercaz Limud (religious school)

Other (enter explanation here)

*Total amount to be paid \$ _____

**Amount to be debited each transaction \$ _____

Payment frequency: Transactions should be made:

Monthly Quarterly Annually Other (explain) _____

Periodic Transaction Date: 15th 30th Payment timing: Initial transaction date: _____

Authorization

This authorization is to remain in full force and effect until Congregation Rodeph Shalom has received written notification from me of its termination in such time and such manner as to afford Congregation Rodeph Shalom and Depository a reasonable opportunity to act upon it. Written notice must be supplied at least 30 days prior to the proposed effective date of termination of authorization. Send the notice to:

Stephanie Kish, Senior Accounting Manager
Congregation Rodeph Shalom
615 N. Broad Street
Philadelphia, PA 19123
Email or scan to: skish@rodephshalom.org

Signature: _____

Date: _____

*Payments will continue each year based on the new fiscal year balance due

** For periodic payments, monthly payments will be divided into 12 payments, quarterly payments will be divided over 4 payments. (For late arrangements, monthly payments may be divided into fewer payments.)