

# Hindu Samaj Mandir

247 West Ramapo Ave, Mahwah, NJ 07430  
(201) 529-0110 | [www.hindusamajmandir.org](http://www.hindusamajmandir.org)

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## Automatic Donation Form

(Please mail this form to the address given above)

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### AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (We) hereby authorize HINDU SAMAJ, Inc. (247 West Ramapo Ave, Mahwah, NJ 07430), to initiate debit entries to my (our)  Checking Account /  Saving Account (select one) indicated below at the depository financial institution mentioned below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the obligation of the ACH transaction to my (our) account must comply with the provisions of US laws.

Bank/ Depository Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount Authorized: \_\_\_\_\_ Frequency: **Once a month** Date in each month: **5<sup>th</sup>**

Month of first debit: \_\_\_\_\_

This authorization is to remain in full force and effect until HINDU SAMAJ has received notification from me or either of us of its termination.

Name: \_\_\_\_\_  
(Please Print)

Name: \_\_\_\_\_  
(Please Print)

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attach a copy of voided check here**

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Name & Phone Number of the person who collected this form  
(You can stop participating in this program anytime by calling Dinesh Khosla at 201-934-6818)