

Congregation Beth HaTephila
43 N. Liberty St.
Asheville, NC 28801



Member: _____

Address: _____

eCheck Authorization Form

I authorize Congregation Beth HaTephila to initiate either an electronic debit or to create and process a demand draft against my bank account according to the terms outlined below. I acknowledge that the origination of ACH transactions to my account must comply with the provisioning of United States law.

Terms of Billing:

<u>Purpose</u>	<u>Monthly Amount</u>	<u>Day of Month</u>	<u>End Date</u>
Fair Share and/or Building Maintenance	_____	1 or 15	_____
Religious School Tuition	_____	1	Calculated by CBHT
Food Cards	_____	1	If cards are cancelled
Capital Campaign - L'Dor V'Dor	_____	1	_____

Member's Banking Information:

Account Number: _____

Routing Number: _____

Unless otherwise stipulated, this payment authorization is to remain in full force and effect until I/we, _____ notify Congregation Beth HaTephila of its cancellation by sending written notice in such time and in such manner to allow both Congregation Beth HaTephila and the receiving financial institution a reasonable opportunity to act on it.

Member Signature: _____

Member Printed Name: _____

Date: _____