

BETH TIKVAH B'NAI JESHURUN
PRE-AUTHORIZED TRANSFER AGREEMENT 2019-20
AUTOMATIC WITHDRAWAL FROM CHECKING/SAVINGS (ACH)

Name(s) _____

AUTHORIZATIONS

I (we) hereby authorize Beth Tikvah B'nai Jeshurun to withdraw funds from my (our) Checking / Savings account indicated below and authorize the Financial Institution named below to debit such account for the amount of the withdrawal. I/We have attached a voided check for the checking account transfers and/or have completed the institutions ABA routing numbers for savings account transfer.

Financial Institution: _____

City: _____ State: _____ Zip: _____
(complete name & address of institution in which the transfer will be debited from)

Please circle which type of account the transfer will be debited from: **Checking** **Savings**

Institutions Transit / ABA _____

(These are the first set of digits on the left-hand side, along the bottom of your checks. In case of savings accounts, your bank will be able to supply you with the appropriate ABA number)

My (our) Deposit Account Number _____

Effective Date of Transfer For 10 Payment Plan : Transfers begin August 2019 through May 2020

I want my transfer to take place on the (circle one) 10th 20th of the month.

Effective Date of Transfer For 2 Payment Plan : 2 transfers – August 2019 and December 2020

I want my transfer to take place on the (circle one) 10th 20th of the month.

Returned Payment:

If your automatic withdrawal is returned for insufficient funds, **Beth Tikvah B'nai Jeshurun and your financial institution may assess a fee.** You will be responsible for payment due.

Changes of Account:

The authority to transfer funds from your account will not cease until **Beth Tikvah B'nai Jeshurun** receives a written notice from you, or from your financial institution changing the above information. ***Beth Tikvah B'nai Jeshurun must receive this notice at least 10 days prior to the date on which you wish the arrangement to change.***

If the 10 payment plan is selected, the first monthly payment is determined based on the total balance billed on your account at the beginning of our fiscal year 2019-20. If additional charges are billed to your account during the fiscal year, your monthly payments will be adjusted accordingly on a periodic basis throughout the year. We will continue to adjust your account throughout to ensure that the outstanding balance will be paid in its entirety by May 20, 2020.

If the 2 payment plan is selected, the first semi-annual payment is determined based on the total amount on your account at the beginning of our fiscal year 2019-20. During the fiscal year, additional charges may be billed to your account. If this is the case, your second semi-annual payment will be adjusted accordingly so that the outstanding balance will be paid in its entirety by December 31, 2019.

I HEREBY AGREE TO THE TERMS AND CONDITIONS AS NOTED ABOVE.

Signature: _____ Date: _____

Signature: _____ Date: _____