

AUTHORIZATIONS & DISCLOSURES

PPD Debit Sample Authorization

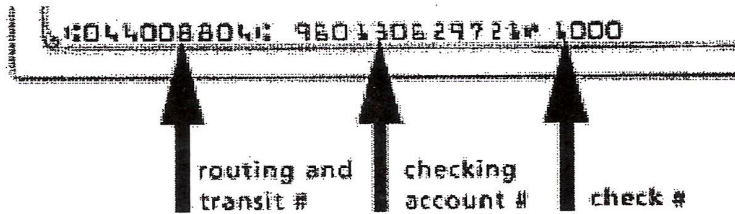
AUTHORIZATION AGREEMENT DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize TRI-VALLEY SIKH CENTER, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, 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.

(Financial Institution) (Branch)

(Address) (City-State) (Zip)

(Routing/Transit Number) (Account Number) Checking Savings
(Account Type)



Recurring Amount _____

STARTING DATE 1ST ___ 15TH ___ Month _____

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name)

(Individual ID Number) (Assigned by TVSC)

(Signature)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

Address _____

PHONE _____