



Congregation Neveh Shalom

Automated Clearing House Transaction Form (ACH)
Electronic Payment

Please return with a voided check attached to this application

Name of Financial Institution Checking or Savings: _____

Bank Routing Number (9-digit number far left bottom of check) _____

Bank Account Number (located to right of routing number) _____

Amount to be withheld: _____

Date to withhold: Monthly on 5th Monthly on 20th Quarterly on 15th

Starting Date for Foundation School Deduction is always October unless otherwise noted:

Please deduct for: All Outstanding Monthly Charges **OR**

Dues Building Fund Kochavim/Not'zim CNS Aliyah Jewish Learning Program

Foundation School Fees Annual Giving Program Capital Campaign Other

Please List and amount _____

Please Print First and Last Name of Account Holder: _____

Account Holder Signature (Required) and Date: _____

Joint Account Holder Signature (Optional) _____

If applying to an account other than the account holder please list the name below:

For *Congregation Neveh Shalom* to verify bank account and routing numbers, account holders should attach a **VOIDED CHECK** for each account to be debited. Congregation Neveh Shalom and account holders should retain copies of this form for their records. **THIS FORM IS FOR CONGREGATION NEVEH SHALOM and ACCOUNT HOLDER USE ONLY. It is not required to forward copies to your bank.**

I hereby authorize Congregation Neveh Shalom to initiate withdrawals from my account at the financial institution named in this application for payment of my monthly bills to Congregation Neveh Shalom. This authorization will remain valid until I, Congregation Neveh Shalom, or my financial institution revokes it.

I can suspend payment of a monthly bill by notifying Congregation Neveh Shalom by 4:00 p.m. three business days before a payment is scheduled to be deducted from my account. I understand that two or more suspensions of payment in a 12-month period may result in cancellation of my participation in the ACH Electronic Payment program.

I understand that the ACH program is an alternative method of payment only and does not otherwise affect my rights, the rights of Congregation Neveh Shalom or those of my financial institution. I further understand that Congregation Neveh Shalom and my financial institution reserve the right to terminate the ACH program and/or my participation in it. If I wish to discontinue my participation in the ACH program, I may do so by notifying Congregation Neveh Shalom in writing 10 days prior to the date of withhold you authorized.

For Office Use only: Date Received _____ Member ID # _____

Member ID # applying funds to _____ Staff Initials _____