AUTOMATIC WITHDRAWAL (ELECTRONIC GIVING) AUTHORIZATION FORM:

Birmingham Shambhala Meditation Center

Direct Answers To Questions About Electronic Payment

Q. What is electronic giving?

- A. Electronic giving is a direct debit program whereby your contribution is debited automatically from your checking or savings account.
- Q. What are the advantages of electronic giving?
- A. It saves time! It saves work! It simplifies your life! You also help BSMC stabilize its budget and save money.
- Q. How is my contribution automatically deducted from my account?
- A. Once you complete and sign the authorization form below and return it to BSMC, the contribution amount you specify will automatically be transferred from your bank account to BSMC's bank account

- Q. When will my contribution be deducted from my account?
- Your electronic contribution will be debited on the date you specify on the authorization form below.
- Q. If I do not write checks, how do I keep my checkbook balance straight?
- Since your contribution is made at a preestablished time, you simply record it in your check register on the appropriate date.
- Q. Without a canceled check, how can I prove I made my contribution?
- Your bank statement gives you an itemized list of electronic transactions. It is your proof of contributing.
- Q. What if I change bank accounts?
- A. Notify the BSMC and we will give you a new authorization form to complete.

- Q. Is electronic giving risky?
- A. It's less risky than writing checks or bringing cash to BSMC. Electronic contributions cannot be lost, stolen or destroyed and have an extremely high rate of accuracy.
- Q. How much does electronic giving cost?
- A. It costs you nothing and saves you time..
- Q. What if I try electronic giving and don't like it?
- You can cancel your authorization by notifying BSMC at any time.
- Q. How do I sign up for electronic giving?
- A. Complete and sign the authorization form below and return it to the BSMC Treasurer along with a voided check or savings deposit slip.

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FOR OFFICE USE ONLY		DONOR #	DONOR #			DATE		
		New authorization Change banking information	orization			☐ Change donation date tion		
Las	t Name		First Name					
Address								
City	1					State	Zip	
Email Address								
Date of first donation:		Frequency of donation: (please check one) Monthly on the 1st Monthly on the 15th Bi-Weekly (every other week) One Time		Amount of firs	t donation:	\$		
CHECKING / SAVINGS	Please debit my donation from my (check one): Savings Account (contact your financial institution for Routing #) Checking Account (attach a voided check below)			Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: Check Number Account Number Routing Number				
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.							
	Authorized Signature:			Date:				