

ACH Payment Authorization - Update Form

Name:		(Please Print)
eMail:		
Phone Number: _		
institution listed be (ACH) from the in-	elow to process amounts due dicated account and to make same as what I used to setu	England Sikh Study Circle and the financial from me/us via Automated Clearinghouse adjusting entries as may be required. My bank the ACH initially. I authorize the new monthly
New Monthly Deb	it amount executed by Lead	er Bank. Please check one:
\$1000	(1 member contributing a	t this level)
\$500	(3 members contributing	at this or higher level)
\$300	(7 members contributing	at this or higher level)
\$200	(10 members contributing	at this or higher level)
\$100	(60 members contributing	at this level)
Other	Please specify amount \$_	
accordance with the verify withdrawals understands that I	he member's instructions as . This Authorization may tak	nable efforts to complete an ACH transaction in listed above. It is the member's responsibility to e up to one month to activate. The member cle is not responsible for bank errors or bank y time.
 Member - Authoriz	zed Signature	 Date