

Northeast American Diocese of the Malankara Orthodox Syrian Church

2158 Route 106
Muttontown, NY 11791
718-470-9844

Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Please complete and sign this form to get started.

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize **Northeast American Diocese of the Malankara Orthodox Syrian Church** to charge my credit card or bank account
(full name)

indicated below for \$ _____ on the 1st or 15th of each month or a one-time(1) annual charge of \$ _____ for payment of my:

HTRC Funding Drive (\$2,000) _____ HTRC Incremental Donation _____
Other (please specify) _____

beginning on _____ (Date).

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Checking/ Savings Account

Checking Savings
Name on Acct _____
Bank Name _____
Account Number _____
Bank Routing # _____
Bank City/State _____



Please attach VOIDED check

Credit Card

Visa MasterCard
 Amex Discover
Cardholder Name _____
Account Number _____
Exp. Date _____
Security Code (CVV) _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Northeast American Diocese of the Malankara Orthodox Syrian Church (N.E.A.D.)** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **N.E.A.D.** may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$20 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.