



**ELECTRONIC FUNDS TRANSFER
AUTHORIZATION AGREEMENT
FOR DIRECT PAYMENTS (ACH DEBITS)**



NAME Oshman Family Jewish Community Center

ID NUMBER _____

I (we) hereby authorize Oshman Family Jewish Community Center, hereinafter called COMPANY, to initiate *debit entries* to my (our) () CHECKING / () SAVINGS account (select one) indicated below at the Depository Financial Institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

DEPOSITORY NAME _____ **BRANCH** _____

CITY _____ **STATE** _____ **ZIP** _____

ROUTING NUMBER _____ **ACCOUNT NUMBER** _____

This authorization 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 in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Attach VOID check here

NAME(S) _____ **ID NUMBER** _____
(PLEASE PRINT)

DATE ____ / ____ / ____ **SIGNED X** _____ **SIGNED X** _____

[For J-Camp and T'enna Preschool Camp only: please list CHILD (REN) NAME(S)]

- 1. _____ 2. _____
- 3. _____ 4. _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.