

ORGYEN KHAMDROLING CENTER
AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL DONATIONS (ACH)

I hereby authorize Orgyen Khamdroling Inc. to initiate electronic monthly withdrawals from my bank account (as specified below) for their non-profit purposes. I understand that this arrangement of withdrawal will remain in effect until I give written notice by returning this form.

1. Please enter your name as it appears on your bank statement:

Name: _____

Address: _____

Phone: _____

Email: _____

2. This is a: ___ New Request ___ Change of Amount ___ Discontinuation

3. Choose your monthly withdrawal date: ___ 5th ___ 20th

4. Begin on _____ date. (Withdrawals will occur on or about this date each month)

5. Commitment:

I hereby authorize the following amount to be withdrawn from my account each month.

\$ _____ (Please enter an amount) from my

___ Checking Account

___ Savings Account

Signature

Date

6. Instructions --Choose one of the below methods for submitting this form:

a.) Print this form, attach a voided check , sign and send to

Orgyen Khamdroling Center

Attn: Monthly Membership

3300 Josephine St.

Denver, CO 80205

b.) Complete this form, sign it and email it along with a copy of a voided check to

info@orgyenkhamdroling.org

7. Notes: _____

Thank you for your generosity!