



Creating Sacred Community

Please email Completed Form to: o.hernandez@agudas-achim.org
or Fax to: 210-444-9806 Attention: Accounting

For questions concerning this form, please call: 210-479-0307

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Automatic Recurring Payment “ePay” Authorization

I, _____, authorize Congregation Agudas Achim to charge my account automatically every month. I understand that the charges may include: dues, donations, fees, school tuition (HPS and/or IPRS), cemetery plots. I understand, unless otherwise disputed, that my account will be debited for the balance due on the 1st of the month. Should I need to cancel or make changes to this authorization agreement, I understand that I need to give Congregation Agudas Achim thirty (30) days notice prior to the 1st of the month.

Please select one (1) of the following accounts to be debited and provide the information below:

_____ **eCheck (Checking/Savings) Account** _____ **Credit Card/Debit Card**

eCheck (Checking/Savings) Account

Name as it appears on my checking/savings account: _____

Bank Name: _____

Routing #: _____ Account #: _____

Credit Card/Debit Card

Name as it appears on my credit card: _____

Card #: _____ Exp. Date : _____

Verification Number: AMEX 4 Digit: _____ MC/Visa/Disc 3 Digit: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip Code: _____

Signature: _____ Date: _____

CONFIDENTIAL INFORMATION – AUTHORIZED CAA PERSONNEL ONLY