

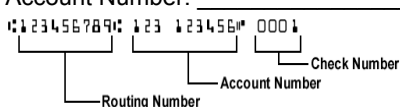
AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS

Chabad Lubavtich of Sunny Isles Beach

ES6943

| | | |
|---|------------|-----|
| Donor # (leave blank if not applicable) | | |
| Last Name | First Name | |
| Address | | |
| City | State | Zip |

| | | |
|---|---|---|
| Date of first donation: _____ / _____ / _____ | Frequency of donation: (please check only one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-Monthly – 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th | Donation amount: \$ _____ |
| Special Instructions: _____ | | |

| | | |
|---|---|--|
| CHECKING / SAVINGS | Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below) | Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____  |
| I authorize the above organization and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. | | |
| Authorized Signature: _____ Date: _____ | | |

| | |
|---------------|--|
| CREDIT | Please charge my donation to my (check one): 1. Visa 2. MasterCard 3. American Express 4. Discover Card Credit Card Number: _____ Expiration Date: _____ Name on Card: _____ Billing Address (if different from above): _____ I authorize the above organization and Vanco Services, LLC to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____ |
|---------------|--|

Please staple voided check over credit card section above if using checking account.