

**AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS
(BANK ACCOUNT/ CREDIT CARD)**

Originating Company Name: North America Shirdi Sai Temple of Atlanta (NASSTA)
700 James Burgess Road, Suwanee GA 30024
Phone# 678-455-7200

I authorize the above named Originating Company to initiate entries for **Dollar-A-Day** program to the account indicated below as follows:

1) NASSTA will initiate DEBIT entries, which removes money from my account, for the amount of:

\$1 per day(\$30 per month) \$2 per day(\$60 per month)

\$3 per day(\$90 per month) Other amount, _____ per day

The amount will be deducted according to the schedule and conditions to which NASSTA and I have agreed.

2) NASSTA may initiate CREDIT entries to reverse any transactions they have originated to my account in error.

Name: _____

Billing Address: _____

E-mail: _____

Phone#: _____

Bank Account

Account Number: _____

Routing Number: _____

Bank Name: _____ City _____ State _____

(Attach voided check)

OR

Credit Card

Card Number: _____

Exp Date (MMYY): _____ CVV _____

CVV: It is the last 3 digit number located on the back of your card on or above your signature line.



\$1.00 processing fee will be added per month for credit card payments

This authority to remain in effect until the Originator has received written notification of its termination and has had a reasonable opportunity to act upon it.

DATE _____ SIGNATURE _____