

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

Originating Company Name: Sri Satyanarayana Temple of Atlanta
Hindu Temple of Metro Atlanta (HOMA)

225 Curie Drive #300 Alpharetta GA 30005 Phone# 470-210-4492

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

- 1) HOMA 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 for a minimum of 12 month period and conditions to which HOMA and I have agreed.

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

Name: _____

Gothram: _____

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 _____