

DIRECT PAYMENT OF DUES & OPTIONS

We are pleased to offer you new options for paying your annual dues – the Direct Payment Plan. Now you can have your dues payment deducted automatically from your checking, savings, credit card or debit card account automatically.

Here's how the Direct Payment Plan works:

You authorize your annual dues payment to be deducted from your checking, savings, credit card or debit card. Then just sit back and relax. Your dues payment will be made automatically on dates indicated, depending on the option chosen, on the date indicated of each year. Your payment will appear on your account statement. The authority you give will remain in effect until you notify us in writing to terminate the authorization. The Direct Payment Plan is dependable, flexible, convenient and easy. To take advantage of this service, complete the one of the authorization forms, Checking/Savings or Credit/Debit and return it to us.

All you need to do is complete one of the forms on the following page and:

1. Indicate your Payment Option:

- A: Full Annual Payment of Dues \$115, First Monday in November.
- B: 2 Payments of \$60.00, First Monday in November & February.
- C: 4 Payments of \$32.00, First Monday in November, February, April & June.

2. Mark the box to indicate whether your dues will be deducted from your checking or savings account, if using Checking/Savings,.

3. Fill in your name & financial institution name , if using Checking/Savings, and location, and date.

4. Attach a voided check , if using Checking/Savings, for verification of all financial institution information. If you are unable to attach the voided check, please fill in your account number, and routing number.

5. Sign the form.

6. Mail form to the Temple Business Office or email: beth@abatemple.com.

7. Keep a copy for your records.

AUTHORIZATION FOR CHECKING/SAVINGS DIRECT PAYMENT PLAN FOR DUES

Payment Option - Select One

- A: Full Annual Payment of Dues \$115.00, First Monday in November.
- B: 2 Payments of \$60.00, First Monday in November & February.
- C: 4 Payments of \$32.00, First Monday in November, February, April & June.

I, _____, authorize Abou Ben Adhem Temple to initiate electronic debit entries for my annual dues payment, in the amount indicated above to my

Checking account or **Savings account.**

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U. S. law. This authority will remain in effect until I have canceled it in writing.

STAPLE VOIDED CHECK HERE

(Please Print)

Name of Noble _____ Date: ___/___/___ Phone: _____

Financial Institution Name _____

Account Number at Financial Institution _____

Financial Institution Routing/Transit Number _____

Financial Institution City and State _____

Signature: _____ **Member #** _____



AUTHORIZATION FOR CREDIT/DEBIT CARD DIRECT PAYMENT PLAN FOR DUES

Payment Option - Select One

- A: Full Annual Payment of Dues \$115.00, First Monday in November.
- B: 2 Payments of \$60.00, First Monday in November & February.
- C: 4 Payments of \$32.00, First Monday in November, February, April & June.

Bank fees are included.

I, _____, hereby authorize Abou Ben Adhem to charge the indicated Credit or Debit card. I agree that this is either a one time or periodic charge that will be made as indicated above.

To terminate the recurring billing process, I must cancel in writing. I will not dispute Abou Ben Adhem’s recurring billing with my credit card issuer so long as the amount in question was for the amount agreed above. I guarantee and warrant that I am the legal card-holder for this credit card and that I am legally authorized to enter into this recurring billing agreement with Abou Ben Adhem.

(Please Print)

Name of Noble _____ Date: ___/___/___ Phone: _____

Card Type _____ Card Number _____

Expiration Date _____ CSC (3 digits on back of card) _____

Signature: _____ **Member #** _____