

Authorization agreement for automatic withdrawal of funds

Your name as it appears on your bank account (please print):

Address: _____

City: _____ State: _____ Zip: _____

Please debit my ongoing contribution from my *(check one)*:

- savings account; I have attached a savings deposit slip.
- checking account; I have attached a voided check.

Routing number: _____

(located at the bottom of the check between the symbols |: and :|)

Account number: _____

Contribution amount: \$ _____ per month for the Retired Leaders Fund. This amount will be debited on the 15th of each month for one year from the date below.

I authorize Hokyōji Zen Practice Community and Vanco Services, LLC to process debit entries from my account as indicated on this form. I understand that the monthly pledge amount will continue to be debited until I provide Hokyōji with reasonable notification of termination. I have attached a voided check or savings desposit slip to this page.

Signature: _____ Date: _____