

Hokyoji Zen Practice Community

2649 County 5, Eitzen, Mn, 55931

Retired Leaders Fund

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 Hokyoji 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 Hokyoji with reasonable notification of termination. I have attached a voided check or savings deposit slip to this page.

Signature: _____ **Date:** _____

YES! I want to add my donation to the Retired Leaders Fund!

Please accept my donation of \$_____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Please fill out this form and enclose it along with your contribution or bank transfer form.

Thank you!