



CREDIT/DEBIT WRITTEN AUTHORIZATION FORM

Mail Completed Form to P.O. Box 393 Bel Air, MD 21014

I (we) hereby authorize Chabad of Harford County (Company) to initiate entries to my (our) checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error.

(Name of Financial Institution)

(Address of Financial Institution Branch, City, State, & Zip)

Please Circle Type of Account: Checking Savings

(Routing Number)

(Account Number)

The Single-Entry Debit/Credit will occur on or after : _____ / _____ / 201____
for the amount of \$_____

(Business/Consumer Name PLEASE PRINT)

(Business/Consumer Address PLEASE PRINT)

(Signature)

(Date)

If you should need to notify us of your intent to cancel and/or revoke this authorization you must contact us seven (7) days prior to the questioned debit being initiated. Please call (443) 353-9718 or email at Rabbi@HarfordChabad.org - Chabad is open M-F (open business days) from 8:00 AM to 4:30 PM (open business hours).

ACH Processing Provided by:

