



## 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 recurring 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)

You have authorized us to debit \_\_\_\_\_ total payments in the amount of \$\_\_\_\_\_ each, to be withdrawn from your bank account reflected above on the \_\_\_\_ of each \_\_\_\_\_. The effective date of your first payment is \_\_\_\_\_, followed by \_\_\_\_\_ payments.

\_\_\_\_\_  
(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:**

