



Har Shalom Authorization for Automatic Transfer

Transfer from: Checking Savings

Account number: _____

Routing number: _____

Account Title: _____

(Normally your name)

Bank Name: _____

Bank Address: _____

Transfer Amount \$ _____
or Change Transfer Amount to \$ _____

Transfer will be made on the 1st of every month to
Congregation Har Shalom, PO Box 9199, Durango, CO 81302

I (we) hereby authorize Har Shalom to initiate debit entries to the Har Shalom bank account and to debit the amount of each entry from the account listed above for the purpose of completing the transfers described above. I (we) acknowledge that the origination of automatic transactions to Congregation Har Shalom must comply with the provisions of U.S. law and the Rules of the National Automated Clearing House Association. This authorization will remain in effect until the institution receives written notice of revocation in a time and manner that affords the institution and Depository originator and the consumers bank a reasonable opportunity to act on such notification.

Signature: _____

Date: _____

Please attach a voided check or deposit slip.