

Sikh Gurdwara**Monthly Donation via Direct Deposit Form**

Monthly Donation (\$)

Starting Date

MM/DD/YYYY

Name (Account Holder)

Phone

Street Address

City

State

ZIP Code

Bank Name

Account Number

Routing Number

1. I authorize the Sikh Gurdwara to debit my account for the specified monthly donation amount via EFT (Electronic Funds Transfer).
2. I understand that I can change the donation amount or cancel this authorization at any time by notifying a member of the Executive Committee at the Sikh Gurdwara.
3. I acknowledge that the Sikh Gurdwara will not be held liable for any potential bank fees incurred due to insufficient funds or other banking issues.
4. I certify that the information provided in this form is accurate and complete to the best of my knowledge.

Once completed, please sign and date the form, and submit it to any EC or GAPC member of the Sikh Gurdwara (271 W Auburn Rd, Rochester Hills, MI 48307).

Signature_____
Date