

Preauthorized Payment (ACH Debit) Authorization Form

I, _____, hereby authorize MASKAT SHRINE of Wichita Falls, Texas, to initiate debit entries to the CHECKING or SAVINGS account indicated below and to debit the same to such account. **I am a signer on the account indicated below.**

Account Type (Checking/Savings): _____

Checking Account No.: _____ Savings Account No.: _____

Transit/ABA No. (bottom left of your check): _____

Financial Institution Name: _____

Financial Institution Address (City, State): _____

The ACH DEBIT (bank draft) will be applied toward my Shrine Dues as follows:

1st year (less than 12 months to draft)

_____(Yr) Dues Amount _____ **(Note: Member must be current on dues to participate.)**

_____ monthly drafts at _____ plus \$.55 transaction fee = _____ each

month beginning _____

Subsequent years (12 months to draft)

Dues Amount _____

_____ 12 monthly drafts at _____ plus \$.55 transaction fee = _____ each month

Dues cards will be mailed to members each December (approximately 3rd week).

This authority will remain in effect until MASKAT SHRINE receives notification from me of its termination which will be in such time and in such manner to give MASKAT SHRINE a reasonable opportunity to act on it.

NAME ON ACCOUNT (please print): _____

SIGNATURE: _____ DATE: _____

ATTACH VOIDED CHECK