

**Temple Judea of Bucks County
Credit/Debit Authorization Form**

I (we) hereby authorize **Temple Judea of Bucks County** (THE COMPANY) to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Name of Financial Institution)

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

(Signature(s))

(Date)

(Name – PLEASE PRINT)

(Address – PLEASE PRINT)

(email address to send confirmations)

Account Number: _____

Financial Institution Routing Number: _____

Account Type: (Circle one) Checking Savings

PLEASE ATTACH A VOIDED CHECK FOR A CHECKING ACCOUNT, VOIDED DEPOSIT SLIP OR BANK'S INSTRUCTION LETTER FOR A SAVINGS ACCOUNT.