



**Sri Dasavathara Venkateswara Swami Temple & Cultural Center
3823 Hard Scrabble Rd, Columbia, SC - 29223**

ACH Authorization Form

I, _____
hereby authorize **Sri Dasavathara Venkateswara Swami Temple and Cultural Center, Columbia SC** to originate debit and/or credit entries from my Checking/Savings account towards a

- One Time Payment on _____ (Please mention a date)
- Recurring Payment on __ day of every __ month(s)

The details of the account to be charged is mentioned below.

Account Information

Name of the Account Holder	
Address of the Account Holder	
Name of the Financial Institution/Bank	
Account Number	
Routing Transit Number	

I understand that, if necessary, an adjusting debit or credit entry may be made to correct an error. I also authorize the financial institution named above to credit and/or debit my account for the correcting entries. I duly certify that I am an authorized signer of said account and have the right to enter into this agreement.

I understand that any changes/termination to this authorization must be provided in written by me or Sri Dasavathara Venkateswara Swami Temple and Cultural Center. The written authorization for change/termination needs to be provided in advance, before transaction date.

Signature: _____

Date: _____