

## **ACH/Debit/Credit Authorization Form**

AUTHORIZATION	AGREEMENT FO	R ACH TRANSACTIONS		
Member Name:				
I (we) hereby authorize Moolah Shrine, hereinafter Checking Account / Savings Account (select one) called DEPOSITORY, and to credit/debit the same to s my (our) account must comply with the provisions of	indicated below at such account. I (we) a	the depository financial institu	ation named below, herein	
Member's Financial Institution:				
City:	State:	Zip:		
Routing Number (9 Digits):	Account Number:		_	
This authorization is to remain in full force and effect in such time and in such manner as to afford Moolah a			* *	
Authorized Signer for Entity:(Please		Tax ID Number:		
(Please	Print)			
Signature:	Date://			
Please attach a VOIDED CHECK to this authoriza account will be credited/debited.	ntion if a checking	123 Fear Lane Amplace, VA 20000 PAY TO THE ORDER OF  ANYPLACE BANK Amplace, VA 20000 For  I \$\frac{250250025}{202020**66} \cdot \text{1234}  Note. The routing and account numbers may be in did	Do not include the check number.  Terent places on your check.	
Pre-Authorized Debit/Credit Payment For	rm Please print	the following form.		
Last Name l	First Name	Telep	ohone	
Address	City	State	Zip	
************	******	*********	******	
Credit Card – I authorize Moolah Shriners to debit	my credit card with	the amount due shown below	·.	
Visa MasterCardAMEX Credit	t Holder's Name			
Debit/Credit Card No	Exp. Dat	e:CCV_		
Card Holder's Signature		Date		
One Time \$ Recurring \$				