



North America Shirdi Sai Temple of Atlanta (NASSTA), Inc.

700 James Burgess Road, Suwanee, GA-30024

Phone: 678-455-7200



Dollar-A-Day Form

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

(BANK ACCOUNT / CREDIT CARD)

Name: _____

Phone # _____ Email: _____

Address: _____

City/State/Zip: _____

Gothram: _____

Family Member Names: _____

I authorize NASSTA to initiate DEBIT entries to my account as indicated below, which deducts money from my account according to the schedule and conditions to which NASSTA and I have agreed upon. NASSTA may initiate CREDIT entries to reverse any transactions that may have originated to my account in error.

☐ \$1 per day (\$30 per month)

☐ \$2 per day (\$60 per month)

☐ \$3 per day (\$90 per month)

☐ Other amount: \$____ per day

Bank Account:

➤ Routing # _____ Bank Name: _____

➤ Account # _____

OR

Credit Card (\$1 processing fee will be added per month for credit card payments):

➤ Card Number: _____

➤ Exp Date (MM/YY): _____ CVV: _____

This authority will remain in effect until NASSTA has received written notification of its termination and has had a reasonable opportunity to act upon it.

Signed: _____ Date: _____