

Automatic Bank Withdrawal/Transfer - Authorization Agreement

I hereby authorize OREGON COMMUNITY BANK & TRUST, on behalf of Deer Park Corp., to initiate monthly withdrawals from my [] Checking [] Savings account (select one) indicated below, and the financial institution named below to withdraw from such account.

To Be Deposited To: Oregon Community Bank & Trust - ABA#: 075912275 –
Deer Park Corp. – Deer Park Fund - Acc. #:501729.

Donor Information:

Donor Name(s): _____

Address: _____ State: ___ ZIP: _____ Phone: _____

Email: _____

Donation Purpose: Temple ___ General/Pledge ___ Other _____

Your Financial Institution Information:

Please include a voided check. For savings account only complete the next four lines.

Institution Name: _____

Address: _____

Routing/ABA #: _____

Complete Account No.: _____

Amount Per Transfer: \$ _____ (*must be \$50 or more per transfer - see below)

Total Number of Transfers (months): ___ 12, ___ 24, ___ 36, ___ 48, ___ 60, other ___

Start Date: _____ **Day of month for Transfer:** _____
(mm/dd/yy)

(Signature of Account Holder) DATE: _____

(Signature of Joint Account Holder) DATE: _____

Please mail this completed form to: **Deer Park Buddhist Center
Attention: Contribution
4548 Schneider Dr.
Oregon, WI 53575**

**Please note: Due to banking fees associated with automatic payment, we regret that we can accept only automatic transfers for amounts greater than or equal to \$50 per transfer.*