

# EL Zaribah Shrine 365 Pay-It-Forward Team Direct Payment Authorization

PLEASE COMPLETE THE INFORMATION BELOW:

If mailing, please send to: El Zaribah Shrine, 552 N 40th Street, Phoenix, AZ  
85008-6441 Attention: El Zaribah 365 PIFT.

I authorize El Zaribah Shrine 365 PIFT to initiate electronic debit entries to my  
Checking account Savings account Debit card or Credit card for the  
payment of my 365 Pay It Forward Team membership.

I authorize the following automatic withdrawal or charge payments:

- a. 365 Pay It Forward Team \$\_\_\_\_\_.00 monthly (\$20.00, \$30.00, \$40.00 a month).  
We ask that you do a minimum of \$20.00 to start with.
- b. Total authorized payment: \$\_\_\_\_\_.00 to be made as \_\_\_\_\_ monthly payment(s).  
If a single payment for the year is to be made please check here .

I acknowledge that the origination of ACH transactions to my account must  
comply with the provisions of U.S. law.

This authority will remain in effect until I have cancelled it in writing.

Date: \_\_\_\_\_

FINANCIAL INSTITUTION NAME (PLEASE PRINT) \_\_\_\_\_

ACCOUNT NUMBER AT FINANCIAL INSTITUTION: \_\_\_\_\_

FINANCIAL INSTITUTION ROUTING NUMBER: \_\_\_\_\_

FINANCIAL INSTITUTION CITY AND STATE: \_\_\_\_\_

Signature \_\_\_\_\_

El Zaribah Member Number: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

SEE SECOND PAGE FOR CREDIT OR DEBIT CARD SIGN UP INFORMATION:

**Payments to Debit or Credit Card:**

Name\_\_\_\_\_

Billing Address\_\_\_\_\_

Billing City, State, Zip\_\_\_\_\_

Billing Phone Number \_\_\_\_\_

Credit Card Type\_\_\_\_\_

Credit Card Number:\_\_\_\_\_ Credit Card Expiration: \_\_\_\_/\_\_\_\_

SIGNATURE:\_\_\_\_\_

EI Zaribah Member Number:\_\_\_\_\_

Email:\_\_\_\_\_

Phone: \_\_\_\_\_

SIGNATURE:\_\_\_\_\_

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Day withdrawal to be scheduled on:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

(Attach voided check here)