

Back to Godhead, Inc.

ACH Debit Authorization for Recurring Donations

Organization address:

Back to Godhead, Inc.

18024 NW 112th Blvd

Alachua, FL 32615-4538

Contact: kapila1896@gmail.com

By signing below, I authorize Back to Godhead, Inc. (the "Organization") to initiate recurring ACH debit entries to the bank account specified below for the purpose of charitable donations. I authorize the depository institution named below to debit my account for such entries. This authorization will remain in effect until I notify the Organization in writing that I wish to revoke it, and the Organization has had a reasonable opportunity to act on my revocation.

Donor information

Full name: _____

Address: _____

City/State/ZIP: _____

Email: _____

Phone: _____

Donation and debit schedule Amount per debit: \$_____.

Frequency: Weekly Biweekly Monthly Quarterly Annually Other: _____

Start date: ____ / ____ / ____

Number of debits (if applicable): _____ or Until further notice

Bank account information

Bank name: Bank of America

Account type: Checking

Account holder name (as shown on account): Back to Godhead, Inc

Account number: 898065222860

Routing (ABA) number: 063100277

Bank location: Gainesville, FL, USA

Authorization and acknowledgements

- I acknowledge that the origination of ACH transactions to my account must comply with U.S. law.
- I certify that I am an authorized signer on the bank account provided and that the information above is accurate.
- I understand that I may revoke this authorization at any time by providing written notice to the Organization at kapila1896@gmail.com or by mailing to the Organization address above, and that the Organization requires at least 3 business days to process the revocation.
- I authorize Back to Godhead, Inc., to charge the account specified above for the donation amounts and schedule indicated.
- I understand that if an ACH debit is returned for any reason, the Organization may attempt to re-initiate the debit and may contact me to resolve the issue.

Electronic signature (typing your name below constitutes your electronic signature and has the same legal effect as a handwritten signature)

Donor signature: _____

Printed name: _____

Date: ____ / ____ / _____

For organization use

Received by: _____ Date: ____ / ____ / _____

Donation ID / Reference: _____

Notes: _____

Return completed form to:

Email: kapila1896@gmail.com

Mail: Back to Godhead, Inc, 18024 NW 112TH BLVD, ALACHUA FL 32615-4538
