

St. John Kochurov Society

Diocese of Chicago & Mid-America, ROCOR
Founded 2009

P.O. Box 1367 ~ Des Plaines, IL 60017
www.sjksdcma.org ~ sjksdcma@gmail.com

Recurring Payment Authorization Form

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking or savings account. Your monthly donation, as noted below, will be deleted each billing period from the account you specify. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I, _____, authorize the St. John Kochurov Society
(PRINT FULL NAME)

to charge my bank account the following amount on the twelfth (12th) day of each month:

\$10 \$25 \$50 \$100 \$ other: _____

Billing Address: _____ Phone #: _____

City, State, Zip: _____ Email: _____

Account Type: Checking Savings

Name on Account: _____

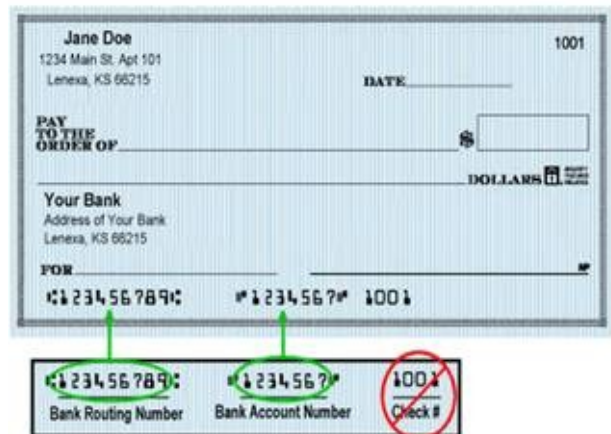
Bank Name: _____

Bank Routing #: _____

Account #: _____

Bank City, State: _____

Signature: _____ Date: _____



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the St. John Kochurov Society in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that the St. John Kochurov Society may at its discretion attempt to process the charge again within 30 days. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.