

**SIDHPUR FOUNDATION
AUTHORIZATION AGREEMENT FOR ELECTRONIC CONTRIBUTION FOR
DONATION**

CONTRIBUTOR INFORMATION

Your Name: _____
(as it appears in your bank account)

Address: _____

City: _____ State: _____ Zip code: _____

Soc. Security # or Tax ID: _____ Phone # _____

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name: _____

Branch: _____ Account # _____

Account is: checking Saving Bank Phone # _____

Address: _____

City: _____ State: _____ Zip code: _____

CONTRIBUTION METHOD

Please deduct \$ _____ from my checking Savings account

On the 1st of the month beginning _____
(circle which applies) (month and year)

I would like to continue making contributions until _____
(date to stop my contribution)

AUTHORIZATION

I hereby authorize Sidhpur Foundation to deduct my contribution(s) from the account(s) listed above. I understand that I control my contributions, and I will notify you if at any time I decide that I want to discontinue the Electronic Contribution Service. This authority is to remain in full force and effect until written notice from me has been received by the Sidhpur Foundation in such a manner as to afford reasonable time to act on it.

Date _____ Signature: _____

Office use only:

Authorized Signature of Sidhpur Foundation Representative

Date Received

PLEASE ATTACH A BLANK VOIDED CHECK TO THIS AUTHORIZATION

Mail to:
Sidhpur Foundation
416 Frandor Ave., Ste # 102
Lansing, MI 48912
Phone/Fax: (517) 803-4459