

Authorization Agreement for Pre-authorized Payments

I authorize **Ryumonji Zen Monastery** to initiate debit entries in the amount of \$_____ on the 10th day of each month, beginning ____/____ (month/year), to my ___ Checking / ___ Savings account indicated below, and to initiate credit entries or adjustments to correct any debit entries that may be made in error.

This authorization will remain in effect until I have canceled it in writing to Ryumonji Zen Monastery.

Name (please print)

Checking/Savings Account Number

Bank Name

Transit/ABA number (lower left hand corner of your check)

Signature

Date

Please attach a voided check.

Please return this form to Ryumonji Zen Monastery, 2452 Ryumon Road, Dorchester, IA 52140.

If there are any questions, you may direct them to Ms. Kelly Johnson at Decorah Bank & Trust. 563-382-9661, kjohnson@decorahbank.com