



Oregon Ariyamagga Okasati Refuge

P.O. Box 1748, Sandy, OR 97055

Recurring Donation Authorization Form (from bank account)

Please complete the information below:

I _____ (full name) authorize Oregon Ariyamagga Okasati Refuge to charge

my account indicated below for \$ _____ on or after the 5th day of each month.

Start date (optional): _____

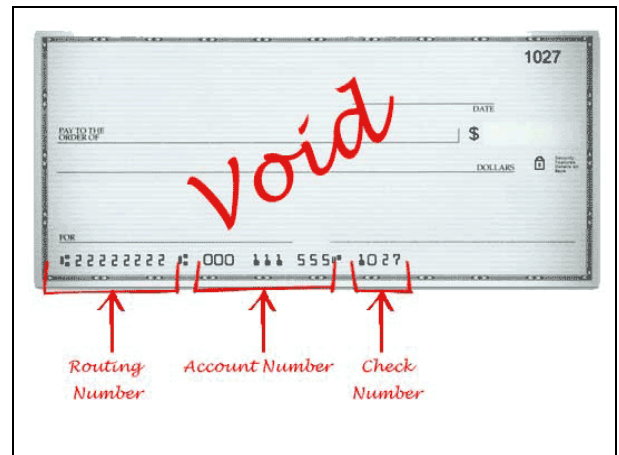
SIGNATURE _____

DATE _____

Provide Account information OR attach a voided check.

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Name on Acct	_____
Bank Name	_____
Account Number	_____
Bank Routing #	_____

OR



Optional Info:

Phone# _____

Email _____

Sign me up for OAOR Newsletter

Please provide email address if you would like a receipt of your donation

Here's How Recurring Donation Work:

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated each month. 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.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Oregon Ariyamagga Okasati Refuge in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next charging date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 OAOR 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 certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.