



Carolina Murugan Temple

(A registered religious and non-profit organization in NC State)

Federal Tax ID: 832-629-937
272 First Rd, Moncure, NC 27559
Phone: 919-308-0255, 919-371-0216
Email: contactus@carolinamurugan temple.org

[A Federal Tax-Exempt Organization under Internal Revenue Code (IRC) Section 501 (c) (3)]

ACH/Credit Card Payment Authorization

Recurring Charge - You authorize regularly scheduled charges to your credit card or bank account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card or bank statement. 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, _____ (Full Name), authorize **Carolina Murugan Temple** to charge my Credit Card or Bank Account below for \$_____ on the _____ of each (week, month, etc.,) _____,

Number of payments _____ Last date of payment _____

This payment is for Membership/General Donation/etc., _____

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____



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Bank (ACH)

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

Routing Number: 22222222 Account Number: 000 555 1027

Credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name	_____
Account Number*	_____
Exp. Date	____ / ____
CVV	_____

*Enter only last 4 digits. CMT finance team will reach out to get full account info while setting up payment

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the Carolina Murugan Temple 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 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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.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 Carolina Murugan Temple may at its discretion attempt to process the charge again within 30 to 60 days after getting confirmation from me stating that sufficient funds are available to reprocess this recurring transaction again.. 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.

AUTHORIZED SIGNATURE _____ **DATE** _____

PRINT NAME _____