

AUTHORIZATION FOR AUTOMATIC BANK DRAFT (ACH) DONATIONS

자동이체 동의서

Please fill this form out as accurately as possible.
 최대한 정확하게 작성해주시기 바랍니다. 영어로 표기해주시시오

I, _____, hereby authorize the Milal Mission in New York, Inc., hereinafter called NYML, to initiate debit entries, if necessary, credit entries and adjustments for any debit entries created in error to my account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same such account.

Financial Institution Name (은행이름) _____

Branch(은행지점) _____

Financial Institution Address(은행주소) _____

(City) _____ (State) _____ (Zip) _____

Account No. _____ Routing / ABNA No. _____

Type of Account(은행 계좌 종류) Checking Saving

Account Debit Start Date(이체 시작 날짜) ____/____/____
 (MM)/(DD)/(YYYY)

Amount (금액) \$30 \$50 \$100 \$300 \$500 \$ _____

Frequency (이체회수) Monthly 1 year 2 years

I understand that this authorization will remain in full force and effect until I notify NYML by phone that I wish to revoke this authorization. I understand that NYML requires at least two (2) weeks prior notice in order to cancel this authorization.

NAME (성명) _____ Tel. _____

Address (주소) _____ E-mail _____

Signature(서명) _____ DATE (날짜) _____

* PLEASE ATTACH A COPY OF A VOIDED CHECK TO THIS FORM*

* 취소된 수표의 복사본을 함께 보내주시기 바랍니다*

Mail to: The Milal Mission in New York Inc.

(Attn: Recurring Contributions)

42-19 Bell Blvd., #2FL

Bayside, NY 11364

Or scan and email to(이메일): nymilal@hotmail.com

장애인과 함께 전도 봉사 계몽

Serving people with disabilities since 1993