



Hindu Association of North West Arkansas

(A non-profit Organization)

TAX ID # 71-0839884

Temple Address: 2500 SW Regional Airport Blvd, Bentonville, AR 72712

Mailing Address: PO Box 262, Bentonville, AR 72712-0262

Website: www.nwahindutemple.org

Automatic Debit (ACH / E-Z Payment) Authorization Form

Donor Name (First Middle Last)	
Spouse Name	
Address	
Email id	
Contact # (Home/Cell)	

Monthly payments will be adjusted against the following item/s

	<u>Project Contribution</u>	<u>Contribution</u>	<u>Payment Options</u>
<input type="checkbox"/>	Sree Krishna Temple	\$ 10,000	36 Consecutive Months
<input type="checkbox"/>	Sree Venkateshwara Temple	\$ 5,000	24 Consecutive Months
<input type="checkbox"/>	Sree Shiva Temple	\$ 5,000	24 Consecutive Months
<input type="checkbox"/>	Temple Prayer Hall	\$ 5,000	24 Consecutive Months
<input type="checkbox"/>	Sree Ganesha Temple	\$ 2,500	24 Consecutive Months
<input type="checkbox"/>	Sree Lakshmi Temple	\$ 2,500	24 Consecutive Months
<input type="checkbox"/>	Sree Durga Temple	\$ 2,500	24 Consecutive Months
<input type="checkbox"/>	Kitchen	\$ 2,500	24 Consecutive Months
<input type="checkbox"/>	Dining & Office	\$ 2,500	24 Consecutive Months
<input type="checkbox"/>	Streets & Parking	\$ 2,500	24 Consecutive Months
<input type="checkbox"/>	Temple Tower (Gopuram)	\$1000	10 Consecutive Months
<input type="checkbox"/>	Temple Steps	\$500	3 Consecutive Months

	<u>Membership Type</u>	<u>Contribution</u>	<u>Valid for</u>	<u>Payment Options</u>
<input type="checkbox"/>	Annual	\$101	12 Months	One Payment
<input type="checkbox"/>	Gold	\$500	72 Months	3 Consecutive Months
<input type="checkbox"/>	Life	\$1000	Life	10 Consecutive Months
<input type="checkbox"/>	Patron	\$2000	Life	18 Consecutive Months

	<u>Items</u>	<u>Contribution</u>	<u>Payment Options</u>
<input type="checkbox"/>	Temple Maintenance	\$101 /Per Month	3 to 36 Consecutive Months
<input type="checkbox"/>	Pooja Articles	\$51 / Per Month	3 to 36 Consecutive Months

<u>Bank Account Information</u>				<u>Credit Card Information</u>				
Name				Name				
Acct Type		Checking	Saving	Card Type		MC	Visa	Disc
Please attach a VOIDED Check. (Write "VOID" across the face of the check). Do not attach a deposit slip.				Number				
				Exp Date				

I / We hereby authorize HANWA to withdraw _____ dollars towards project/membership _____ from (date) _____ on every _____ day of each month for the next 3/ 10 / 12 / 18 / 24 / 36 consecutive months from my account mentioned above. If the above amount is not paid in full by the specified time, no claim will be made towards the temple sponsorship projects, Membership, maintenance items or refunding the already paid amount.

Signature of the Donor

Date