

Recurring ACH Payment Authorization

You authorize regularly scheduled charges to your checking/savings 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 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 _____ authorize **The Rabbinical College of America** to charge my
(Full Name)

bank account indicated below for \$ _____ on the _____ of
(Amount \$) (day)

each _____.
(Week, month, etc.)

This payment is for _____.
(Description of Goods/Services)

Billing Information

Billing Address _____ Phone # _____
City, State, Zip _____ Email _____

Bank Details

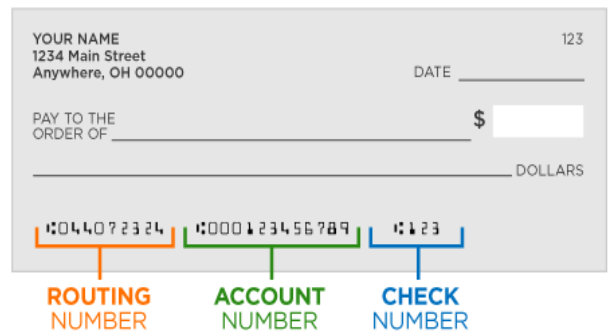
Checking Savings

Account Name _____

Bank Name _____

Account Number _____

Routing Number _____



SIGNATURE _____ DATE _____