Hindu Temple of Atlanta

5851 GA Hwy. 85
Phone: 770 907 7102: Fax: 770 907 6080

http://www.hindutempleofatlanta.org

Dollar a Day – Automatic Deduction Plan

Special for Dollar a Day sponsors - choose one of these monthly pujas

- ☐ **Satyanarayana Puja**
- ☐ **Srinivasa Kalyanam**
- ☐ **Sankatahara Chaturthi**
- ☐ **Masa Sivaratri**
- ☐ **Pradosham – only once in a Month**
- ☐ **Durga Saptasati Parayanam**
- ☐ **Bhagavati Seva**
- ☐ **Ashtalakshmi Puja**
- ☐ **Navagraha Puja**
- ☐ **KanyakaParameswari Abhishekam**
- ☐ **Saraswathi Abhishekam**
- ☐ **Anjaneya Swami Abhishekam Only Once in a Month**

Puja Sponsorship Form

Gothram:		
Name:	**Nakshatram:**	
Name:	**Nakshatram:**	
Name:	**Nakshatram:**	
Name:	**Nakshatram:**	
Address:		
City:	**State:**	**Zipcode:**
Phone:		**Email:**

Other Names/Nakshatrams:

THE HINDU TEMPLE OF ATLANTA, INC.

5851 GA HWY 85, Riverdale, Georgia 30274-1210 (A Non-Profit Organization-Est. 1985)
Phone: 770-907-7102; Fax: 770 907-6080 – visit temple @ www.hindutempleofatlanta.org

Please fill the enclosed authorization form for an automatic payment every month.

AUTHORIZATION AGREEMENT FO PRE-AUTHORIZED PAYMENT

COMPANY NAME: HINDU TEMPLE OF ATLANTA, INC. ID NUMBER: 58-1602137

I (we) herby authorize **The Hindu Temple of Atlanta, Inc**. to initiate monthly debit entries to my (our) checking account indicated below and the bank named below, Hereinafter called **DEPOSITORY** to debit the same to such account.

DONORS BANK NAME (DEPOSITORY) _____

CITY_____ STATE_____ BRANCH_____ TANSIT/ABA NO. _____

ACCOUNT NO. _____ AUTHORIZED DEBIT ENTRY AMOUNT $ _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

DONOR'S NAME _____ DONOR'S SS# _____

DATE _____ SIGNED _____

*** PLEASE ATTACH VOIDED CHECK OR DEPOSIT SLIP**

Please fill the enclosed authorization form for an automatic Charge to your Credit Card every month.

AUTHORIZATION AGREEMENT FO CHARGE CREDITCARD FOR PAYMENT

COMPANY NAME: HINDU TEMPLE OF ATLANTA, INC. ID NUMBER: 58-1602137

I (we) herby authorize **The Hindu Temple of Atlanta, Inc**. to initiate a monthly charge to my (our) credit card account indicated below, Hereinafter called **DEPOSITORY** to charge the same amount to such account, every month through the expiration date of the card.

DONOR'S NAME _____

ADDRESS_____CITY_____

STATE_____ ZIP CODE_____

DONORS NAME ON CREDIT CARD (DEPOSITORY)_____

CARD NO. _____EXPIRATION DATE_____/_____ SECURITY CODE _____

AUTHORIZED MONTHLY CHARGE AMOUNT $ _____START DATE_____/_____/_____END DATE _____/_____/_____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

DATE _____ SIGNED _____