



ACH DIRECT DEBIT AUTHORIZATION FORM
AINAD SHRINERS

I _____ (print) hereby authorize the Ainad Shriners to directly debit my account annually on December 1 for annual Ainad Shrine Dues payment in the amount of \$ _____ .00

I understand that I must revoke this authorization in writing 15 days prior to my due date in order for Ainad Shriners to discontinue any future electronic debits.

I understand that any direct debits returned to Ainad Shriners for incorrect account number, non sufficient funds, or account closed will be considered a non payment.

ACH Routing Number _____ (9 digits)

Account Number _____

Account Type / Checking or Savings (circle one)

Account Name _____

Account holder(s) printed name _____

Account holder(s) authorized signature _____

Date _____

Please complete the information authorization form and return by mail or fax to:
Ainad Shriners 609 St Louis Ave, East St Louis, IL 62201 Fax 618-874-6920
If you have questions regarding this service, please contact us at 618-874-1870

Remember: You can pay on our secured web site with your credit card on line at the ainadshriners.org for all tickets, events and trips as well.