



SHARCHEN DZONG
SHAMBHALA CENTER OF SAN FRANCISCO
Membership Donation Automatic Payment Form

To sign-up for automatic monthly donations, complete the top half for automatic check withdrawal or the bottom half for credit card payment. Email any questions to finance@sfshambhala.org. Thank you!

Please return the completed form to:

Controller
San Francisco Shambhala Center
1231 Stevenson Street
San Francisco, CA 94103



Automatic Checking Account Withdrawal

I, _____ (*print name*) authorize my bank to make a payment each month to the SAN FRANCISCO SHAMBHALA CENTER. I understand that at any time I may discontinue these automatic payments by putting my request in writing and submitting it to the Controller at the SAN FRANCISCO SHAMBHALA CENTER.

My checking account number: _____

Name of bank: _____

Address of bank: _____

Bank's ABA routing no.: _____

Amount of monthly dues _____ Start date _____

ATTACH A VOIDED CHECK.

Today's Date _____ Signature _____



Automatic Credit Card Payment

I, _____ (*print name*) authorize the SAN FRANCISCO SHAMBHALA CENTER to charge my credit card each month. I understand that at any time I may discontinue these automatic payments by putting my request in writing and submitting it to the Controller at the SAN FRANCISCO SHAMBHALA CENTER.

Type of credit card: Visa [] Mastercard [] Discover Card []

Credit card number _____ Expiration Date _____ / _____

Billing address: _____

Amount of monthly donation \$ _____ Start date _____

Today's Date _____ Signature _____