

Automatic Withdrawal Form

INFORMATION ABOUT YOU

| Last Name | First Name | M.I |
|---|---|---------------|
| Address | Phone (if we have questions) | |
| City | State Zip | |
| Bank | Branch | |
| City | State Zip | |
| Attach Void | | |
| Date of Withdrawal (circle one): 1 st | 15 th | |
| I (we) hereby authorize P'nai Or of Portland to initiate debit entr on this form, and to debit the same to such account. This authori cancel it, in such time as to allow the Bank a reasonable time to act I can stop payment of an entry by notifying my financial institut the amount of the debit or cancel it altogether by notifying P'nai Or | ity will remain in effect until I notify P'nai Or of Portland t on the termination. tion three (3) days before my account is charged. I may | in writing to |
| Signature | Date | |
| (co-owner) Signature | Date | |