



7500 N Sam Houston Pkwy W, Houston, TX 77064
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www.SikhNationalCenter.org Email secretary@SikhNationalCenter.org

Mission This organization shall teach and practice the fundamental human virtues as humility, submission, equality, service, self sacrifice, justice, compassion, generosity, fairness, integrity, quality, tolerance, kindness, composure and courage. Its programs shall draw from the inspirational history of Sikhs, their Holy Scriptures and disciplined Sikh ways of life ("Sikh Rehat Maryada"). This exemplary "national" center of, for, and by the Sikhs shall tend to the dire needs of the oppressed, the sick, the needy, and the hungry. Here, the realization of the full human potential will be pursued boldly with unwavering commitment to excellence in its programs, functions, and activities for all ages with a special focus on youth.

AUTHORIZATION AGREEMENT FOR PREAUTHOIZED PAYMENTS

Recipient Name: **Sikh National Center, Inc.** EIN# 56-2334776

I (we) hereby authorize Sikh National Center, Inc., hereinafter called RECIPIENT, to initiate debit entries to my (our) checking Account indicated below and the Bank named below, hereinafter called DEPOSITORY, to debit the same to such account. I (we) want the debit to start from date of _____20__ onwards.

Donor's Name: _____

Donor's Address: _____

City: _____ State: _____ Zip: _____

Donor's Email: _____ Phone # _____

Donor's Employer Name : _____(If company matches donation)

Donor's Bank Name (DEPOSITORY): _____

Donor's Bank Account #: _____ Routing # _____

Is this account is CHECKING or SAVINGS _____

Monthly Authorized debit entry Amount: \$50 \$75 \$100 \$150 \$200 \$500 other \$ _____
(Please circle your choice)

In addition, I authorize Sikh National Center, Inc. to make a ONE TIME donation of \$ _____ from the same account. (I understand that this one-time donation will not be repeated later)

This Authority is to remain in full force until recipient has received written notification from me of its termination in such manner as to afford RECIPIENT and DEPOSITORY a reasonable opportunity to act on it.

Donor's Name(S): _____ SIGNATURE _____ DATE _____

Donor's Name(S): _____ SIGNATURE _____ DATE _____
(In case of joint account)

Please attach void check along with completed form and mail it to:
Sikh National Center, Inc., 7500 N Sam Houston Pkwy W, Houston, TX 77064