

Central Sikh Mission of America (C.S.M.A.)/ Sikh Sangat of VA  
3901 Centerview Drive, Suite D  
Chantilly, VA 20151

**Subject: Authorization for Monthly Contributions via Automatic EFT**

Dear CSMA/SSV,

I would like to make a monthly contribution of \$ \_\_\_\_\_ to the Central Sikh Mission of America/Sikh Sangat of VA via Electronic Fund Transfer (EFT). I have attached a voided check with my bank account information to initiate this process.

I authorize you to transfer the amount noted above on a monthly basis. To change or discontinue my monthly contributions, I will write to CSMA at the above address giving a one-month notice. A record of each donation included on my bank statement will serve as my receipt. My contact information is as follows:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Day of the month I wish the funds to be withdrawn: \_\_\_\_\_

(If no date is specified, the funds will be withdrawn on the first working day of the month.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a voided check below.**