



NITYA KAINKARYAM PROGRAM

This is a monthly Contribution program where devotees can participate to support the temple with a monthly donation. Devotee can select a particular day of the Year of his/her choice to undertake the costs of running Sri Sharadamba Temple for that day. The nitya pooja of the entire day in an year will be performed by Priest on their name with Ganapathy Homam and Chandi Parayanam at the temple. Archana for Ambal will be performed on devotee's name every Friday. In addition, on their birthday or Anniversary day, Ayushya homam will also be performed and Prasadam will be mailed by the center. The suggested donation for this program is \$101 per month.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Sankalpa Information: Gotra _____

Name 1: _____ Nakshatra _____

Name 2: _____ Nakshatra _____

Name 3: _____ Nakshatra _____

Name 4: _____ Nakshatra _____

* Indicate one important day (like Birthday or Anniversary) Month _____ Day _____

AUTHORIZATION FOR MONTHLY AUTOMATIC DEDUCTION

Financial Institution Name: _____

Financial Institution Address: _____

City: _____ State: _____ Zip: _____

Account No _____ (Checking / Saving) Routing No _____

Amount to Deduct: \$ _____ **per month** from my bank account / credit card



Sringeri Vidya Bharati Foundation, Inc. USA SVBF North

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Email: info@svbfnorth.org Web: www.svbfnorth.org

(AUTHORIZATION)

I/We authorize **Sringeri Vidya Bharti Foundation Inc SVBF North** to make automatic monthly deductions from the bank account or charge my Payment card specified in the amount, and if necessary, to initiate adjustments for any debits made in error from my account.

This authorization will remain in effect until I/we give written notice to terminate or until Sringeri Vidya Bharati Foundation Inc, SVBF North has notified me (either of us) the automatic service has been terminated.

I/We understand that I/We must give 30-day advance notice to allow reasonable time for my instructions to be executed and that I/we are responsible for notifying Sringeri Vidya Bharati Foundation Inc, SVBF North of any change in account information.

I/We understand and accept that due to any restrictions imposed by civic authority, temple may be unable to perform a homa on the day that is beyond the temple's control.

Signature: _____ Signature _____
(If joint Account)

Name: _____ Name: _____
(If joint Account)

Date: _____ Date: _____

Please provide a voided check for checking ac withdrawal or a deposit slip for savings account

Find the Routing number and Account Number on your check from below example

My Name
My Address
City, State Zip

DATE: _____

PAY TO THE ORDER OF: _____ \$ _____
DOLLARS

The Bank Name
Address
Phone Number

Memo: _____

⑆ 2 3 4 5 6 7 8 9 ⑆ ⑆ 2 3 4 ⑆ 2 3 4 5 6 7 8 9 ⑆

ABA Routing Number Check Number Account Number