

~ Nebraska Zen Center Membership Form ~

Updated 8/7/2019

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

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

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

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

\_\_\_\_\_

Length of time coming to NZC: \_\_\_\_\_

Membership Options (check one option and circle your payment method):

\_\_\_\_\_ **Supporting**/\$108 or more per month. My member dues will be paid:  
\_\_\_\_\_ monthly  
\_\_\_\_\_ quarterly  
by cash / check / BillPay / Electronic Funds Transfer (circle one)

\_\_\_\_\_ **Sustaining**/\$75 or more per month. My member dues will be paid:  
\_\_\_\_\_ monthly  
\_\_\_\_\_ quarterly  
by cash / check / BillPay / Electronic Funds Transfer (circle one)

\_\_\_\_\_ **Basic**/\$40 or more per month. My member dues will be paid:  
\_\_\_\_\_ monthly  
\_\_\_\_\_ quarterly  
by cash / check / BillPay / Electronic Funds Transfer (circle one)

\_\_\_\_\_ **Limited Income** (student/senior/retired/unemployed)  
My member dues will be \$ \_\_\_\_\_ per month, paid:  
by cash / check / BillPay / Electronic Funds Transfer (circle one)

Please consider making your membership contributions via **Electronic Funds Transfer** (see the form on the reverse side) or by monthly **BillPay** directly from your bank to NZC (contact your bank for instructions). These options keep contributions consistent and easy-to-manage, both for members and for the Zen Center.

Note: The Nebraska Zen Center is a nonprofit 501c3 tax exempt organization, registered with the IRS. Membership contributions are fully tax-deductible.

# Electronic Funds Transfer (EFT) AUTHORIZATION FORM

Name of the organization: Nebraska Zen Center

<b>FOR OFFICE USE ONLY</b>			
Effective date of authorization: _____/_____/_____			
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount			
<input type="checkbox"/> Change banking information		<input type="checkbox"/> Discontinue electronic donation	
First Name		Last Name	
Address			
City		State	Zip
Email Address			
<b>Note: Your first membership donation will be deducted from your account within a few days of receipt of your completed member form, and will continue on this timeline monthly or quarterly for subsequent donations.</b>		<b>Amount of donation: \$ _____</b>	
<b>If you wish to have your member dues deducted on a specific day of the month (for example, the 1st, the 15th, etc.), please indicate the day below:</b>		<b>Check one:</b>	
		Monthly _____	
		Quarterly _____	
Please debit my donation from my (check one):		Name of Bank: _____	
<input type="checkbox"/> Checking Account		Routing Number: _____	
<input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		<i>Valid Routing # must start with 0, 1, 2, or 3</i>	
		Account Number: _____	
I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.			
Authorized Signature: _____		Date: _____	