

~ Nebraska Zen Center Membership Form ~

Updated 9/8/2018

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

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

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

_____ **Limited Income**. My member dues will be \$_____ per month, paid
by cash / check / BillPay / Electronic Funds Transfer

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

FOR OFFICE USE ONLY			
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			
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.		Amount of donation: \$ _____	
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:		Check one:	
		Monthly _____	
		Quarterly _____	
Please debit my donation from my (check one): <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Name of Bank: _____	
		Routing Number: _____ <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: _____			