



*South Asian Behavioral Health  
& Training (SABH) Foundation*

**3308 Concord Blvd, Concord, CA 94519**

**PHONE: +1 (925) 356-0122, (510)-650-5150 FAX: 925-887-6791**

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**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

**SABH Foundation**

501C (3) Tax ID NUMBER 26-4603731

I/we hereby authorize South Asian Behavioral Health and Training Foundation, USA (SABH), herein called SABH to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my/our Checking Savings Account (select one) indicated below and the depository named below, herein called DEPOSITORY, to credit and/or debit the same to such account.

DONOR'S BANK NAME: \_\_\_\_\_

(DEPOSITORY): \_\_\_\_\_

ACCOUNT \_\_\_\_\_

NUMBER: \_\_\_\_\_

Branch: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Monthly Authorized debit entry Amount: \$30 \$50 \$100  Other\$\_\_\_\_\_ (please circle your choice)

Donor's Name: \_\_\_\_\_

Donor's Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Donor's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Donor's Company Name: \_\_\_\_\_

(If company matches donation)

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

I/we have attached avoided check for checking account(s) mentioned above

DONOR'S NAME \_\_\_\_\_ DONOR'S NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

Case of joint account

Please attach voided check along with completed form and mail it to SABH Foundation, USA, 3308 Concord Blvd, Concord, CA 94519