

ECKANKAR is meant to be here not just for decades, but for centuries—even for millennia.

—Sri Harold Klemp, the Mahanta, the Living ECK Master

Your generous donations help the Mahanta carry the flame of ECK for a bright spiritual future. Thank you for your gifts of love—both in service and coin!

			ECK ID # Apt. # State/ Zip/			
Address						
			State/ Province	Zip/ Postal Cod	e	
Country		Telephor	ne number (optional)			
Please check if this is a	new address for yo	ou alone or 🗌 for t	the entire family			
ECK Building Fund	Monthly donation	\$	_ ECK Mission Fund	Monthly donation	\$	
	Single donation	\$	_	Single donation	\$	
			donation in the amount you to increase or decrease the			
☐ Visa ☐ MasterCa	rd 🗌 Discover 🔲 A	merican Express (Credit Card No		Expires	
Signature of cardholde	r					
	count donations: Check y processed by your U.S		t the information on the bac	ck of this form to have	your monthly	
			rough a U.S. or Canadian ba	nk. Thank you.		

ECKANKAR, PO Box 2000, Chanhassen, MN 55317-2000 USA.

Automatic Checking-Account Donations (U.S. banks only)

Presently this service is only available through checking accounts in U.S. banks.

We are pleased to offer the convenience of automatic checking-account donations. This allows you to donate funds to ECKANKAR on a monthly basis through your checking account, without having to remember to write a check. This plan can save you time and postage.

Here's how automatic checking-account donations* work:

You authorize monthly donations to be made from your checking account and send us a voided check. Your donations will be made automatically on either the second (2nd) or the sixteenth (16th) of every month. (You choose which date is more convenient for you.) Proof of your donation will appear on your bank statement.

The authorization you give us to charge your checking account will remain in effect until you notify us or your bank in writing to terminate the authorization. If you would like to change the amount of your donation, please contact ECKANKAR.

Authorization for Automatic Checking-Account Donations

I authorize ECKANKAR and Associated Bank to initiate monthly debit entries to my checking account for the dollar amount indicated on the front of this form and on the day of the month indicated below. This authority will remain in effect until I notify ECKANKAR or my own bank in writing to cancel it in such time as to afford ECKANKAR or my own bank a reasonable opportunity to act. I can stop payment of any entry by notifying ECKANKAR or my own bank three (3) days before my account is charged. I can have the amount of any erroneous charge immediately credited to my account up to fifteen (15) days following issuance of my bank statement or forty-six (46) days after posting, whichever occurs first.

Authorized date for monthly donation:	2nd	/	16th	(please circle one)		
If a date is not chosen, we will use the 1	6th as the	auth	norized (date.		
(Signature)	(Date)					
Checking Account No(Please call your bank	(Please call your bank for the correct checking account number for use with preauthorized checking withdrawals. The numbers on your check may not be accurate.)					
Bank Routing Number	(between th	nese s	ymbols	• on the bottom of your check)		

^{*} Please be sure to fill out the information on the front of this form and enclose a voided check.