



"There is no better way to thank God for your sight than to lend a helping hand to one in the dark."
 - Helen Keller



Sankara Nethralaya Ophthalmic Mission Trust, Inc.

9710 Traville Gateway Drive, No. 392, Rockville, MD 20850

Authorization for Direct Debit to Checking/Savings Account

Date :

From : (Name/s)
 (Address)
 Phone No.
 E-mail

To : **Sankara Nethralaya OM Trust Inc.**
 9710 Traville Gateway Drive, No. 392
 Rockville, MD 20850

Re : Authorization for direct debit to my/our
 Checking/Savings account

Dear Sir:

I/We hereby authorize Sankara Nethralaya OM Trust Inc. to debit my/our
 Checking/Savings account No. _____ with routing no.
 _____ on 15th day of every month with \$ _____.

The proceeds will be transferred to Sankara Nethralaya of Chennai, India for continuing
 their charitable work. This authorization can be revoked any time by a simple notification
 to Sankara Nethralaya OM Trust Inc., 9710 Traville Gateway Drive, No. 392, Rockville,
 MD 20850.

A blank void check is attached for enabling direct debit to my/our account.

Thanks.

Sincerely yours,

 PS: For any questions or clarification, please contact *Mrs. Banumati Ramkrishnan* at
 (301) 613-4721 or banuramcpa@gmail.com