



"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.**

7238 Muncaster Mill Rd, No 522, Derwood, MD 20855

**Authorization for Direct Debit to Checking/Savings Account**

**Date** : .....

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

**To** : **Sankara Nethralaya OM Trust Inc.**  
 7238 Muncaster Mill Rd No 522,  
 Derwood, MD 20855

**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 15<sup>th</sup> 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., 7238 Muncaster Mill Rd, No 522, Derwood, MD 20855.

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](mailto:banuramcpa@gmail.com)