

Hindu Swayamsevak Sangh
121 Hawthorne Ct
Rockaway, NJ 07866

Request to Stop Monthly Deduction of GANGAJALI

I request you to stop the monthly deduction of Gangajali payment from my account, as per details given below, starting from the month of _____.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Office) _____

Email: _____

Signature: _____ Date Signed: _____

Bank Name: _____

Bank Routing Number: _____

Account Number: _____

Monthly Gangajali Amount: _____

Signature: _____ Date Signed: _____