



# Jain Temple of Virginia.

[www.jaintempleva.org](http://www.jaintempleva.org)

## Derasar Sadharan Expenses Form

Name : \_\_\_\_\_ Profession \_\_\_\_\_  
(Last) (First)

Spouse : \_\_\_\_\_ Profession \_\_\_\_\_  
(Last) (First)

Street Address : \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Spouse Cell: \_\_\_\_\_

Email Address\_(1) \_\_\_\_\_ (2) \_\_\_\_\_

### Details of Name

1)

2)

3)

I hereby authorize to withdraw \$23 per month ( \$276 p.a.)above name from my the following bank account up to December 2016

Bank Name \_\_\_\_\_

Bank Routing \_\_\_\_\_

Bank Account number \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send Complete form to:

Jain Temple of Virginia.  
Membership Committee  
3656 Centerview Dr Unit 5  
Chantilly , VA – 20151.

Office Use Only:

Account# \_\_\_\_\_

Received by \_\_\_\_\_ Date: \_\_\_\_\_

Membership ID \_\_\_\_\_ Date: \_\_\_\_\_