

ELECTRONIC DONATION AUTHORIZATION FORM

Kalamazoo Islamic Center (KIC)

Fill in the boxes below and sign the form.

Last Name

First Name

MI

Social Security Number - -

Phone - -

Action

New Change Cancel

Effective Date

Month Day Year

Email: _____

Name of Financial Institution

Account Number

(Include hyphens but omit spaces and special symbols.)

Type of Account

Checking Savings

Routing Transit Number

(All 9 boxes must be filled. The first two numbers must be 01 through 12 or 21 through 32.)

Ownership of Account

Self Joint Other

By signing this agreement, I authorize Kalamazoo Islamic Center to initiate electronic fund transfer from my account listed above to the account of Kalamazoo Islamic Center at the amount of \$ _____/month. This transfer reflects my monthly donation to the Kalamazoo Islamic Center. I reserve the right to cancel electronic donation to KIC without prior notification.

Signature _____ Date _____

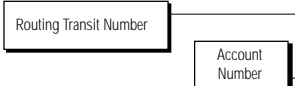
If the account is a joint account or in someone else's name, that individual must also agree to the terms stated above by signing below.

Signature _____ Date _____

HOW TO COMPLETE THIS FORM

1. Fill in all boxes above.
2. Sign and date the form.

- TIP** Call your financial institution to make sure they will accept direct deposits.
- TIP** Verify your account number and routing transit number with your financial institution
- TIP** Do not use a deposit slip to verify the routing number.



JOHN PUBLIC 1234
 123 Main Street
 Your Town, FL 12345 _____ 19 _____

PAY TO THE ORDER OF _____ \$

Your Town Bank DOLLARS
 Your Town, FL 12345

For _____

① 25000005 ⑆ ② 1234556789022 ⑆

NOTE: THE ACCOUNT AND ROUTING NUMBER MAY APPEAR IN DIFFERENT PLACES ON YOUR CHECK.