

## **ACH Authorization Form**

Complete this form to authorize the Madinah Community Center to automatically withdraw donations from your bank account.

Instructions: After completing this form please deposit it in a donation slot located in the Masjid Us-Sunnah or scan and email it to donate@madisonmuslims.org or turn it in to an MCC Shura Member or the Imam. Along with this donation form, please include a voided check linked to the bank account being used. For any questions please email donate@madisonmuslims.org or speak with an MCC Shura Member in person. authorize Madinah Community Center, Inc to charge my bank account listed below to the amount of \$\_\_\_\_\_ every \_\_\_\_ day of the month for \_\_\_\_\_ (dollar amount) every \_\_\_\_ day of the month) a duration of \_\_\_\_\_ months. (total number of months) **Donor Personal Information** Name:\_\_\_\_\_ First Phone Number Last Address:\_\_\_\_ Street City State Zip Code **Email Address:** Account Type: ☐ Checking **Bank Information** ☐ Savings Name on Account: 1234 Main Street Anywhere, VA 00000 DATE Bank Name: DOLLARS Account Number: \_\_\_\_\_ Routing Number: Routing Check Account Number Number Number I certify that I am an authorized user of the bank account listed above. I authorize Madinah Community Center, Inc to make regular

passes or until I cancel it in writing. I agree to notify Madinah Community Center, Inc of any changes to my bank account or termination of this authorization no less than 10 days prior to the next billing date. If a payment date falls on a holiday, I understand the payment will be executed on the next business day. I agree that no prior notification will be provided before each monthly transaction and that all donations made through ACH payments will be added to a donation tax receipt issued in January of the following year.

charges to my account as listed above and will not dispute these scheduled transactions with my bank so long as the transactions correspond to the terms indicated in this agreement. I understand this authorization will remain in effect until the term stated above

| Donor Signature: |  | Date: |  |
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