



CONSUMER DEBIT AUTHORIZATION

Direct Payment Enrollment for Automatic Donations

NAME: _____

BILLING ADDRESS: _____

CITY/STATE/ZIP: _____

DAYTIME PHONE #: _____

Please deduct my Direct Payment from my account as follows:

Name of Financial Institution: _____

Financial Institution Routing Number: _____

Type of Account:

Checking

Savings

Account No. _____

Account No. _____

I authorize Islamic Center of Greater Toledo to deduct my monthly donation of \$ _____ from the account listed above.

I understand that if I decide to discontinue this payment plan I will notify the company named above in writing at the following address:

Company Islamic Center of Greater Toledo

Address 25877 Scheider Rd

City, State Zip Perrysburg, OH 43551

SIGNATURE: _____

DATE: _____

NOTE: Enclose a voided check with this form.