



ISLAMIC SOCIETY OF NIAGARA FRONTIER

P.O. Box 0005, Getzville, NY 14068 Phone: (716) 568-1013

www.ISNF.org

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT OF DONATIONS

Name: _____
Please print as appear in the check

Home Address: _____ NY _____
(Street Address) (City) (Zip)

Contact Phone: (_____) _____

If you want to be in ISNF emailing list, please provide your email address.

Email: _____

DONATIONS FOR MASJIDS OPERATIONS AND MAINTENANCE

I authorize ISLAMIC SOCIETY OF NIAGARA FRONTIER to initiate debit entries to my checking account indicated below at the depository financial institution below, and to debit the same to such account.

\$30 \$50 \$100 \$200 \$500 \$1000 Other \$.....

Starting on day of 20.....

Frequency: Weekly Bi-weekly Monthly Quarterly Yearly

I would like my donation to be withdrawn from my below bank account:

Bank Account Number: _____ Checking Saving

Bank Name: _____ Routing Number: _____

Bank Address: _____

(Please enclose a voided check or a deposit slip. Please note that all Donations used for masjids maintenance & operations, and are tax deductible.)

This authorization is to remain in full force and effect until the ISLAMIC SOCIETY OF NIAGARA FRONTIER has received written notification from the above named account holder of its termination in such manner as to afford the ISLAMIC SOCIETY OF NIAGARA FRONTIER and the depository financial institution a reasonable amount of time to act on it. I acknowledge that the origination of the transactions to my account must comply with the provisions of USA law.

Signature: _____ Date: _____

Membership Status:

Are you currently a member of ISNF: YES NO

If you are not a member, and want to become one, please complete the membership application on page 1.