



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 of20.....

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I would like my donation to be withdrawn from my below bank account: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

Are you already a member of Islamic Society of Niagara Frontier If you are not a member of the Islamic Society of Niagara Frontier, and would like to become one, or want to renew your membership please sign below.

New Membership Membership Renewal

I hereby declare that there is no deity but Allah, and Muhammad (PBUH) is Allah's last and final messenger. I/We also pledge to support ISNF's activities and abide by its rules, regulations and Bylaws to the best of my/our abilities.

Signature: _____ Residency Status: US Citizen/ Green Card Holder

Membership for additional family members: please provide name(s) and the relationship (to become a member you have to be 17 years or older) on the back of this sheet. For each membership, at least \$25.00 per year donation toward masjid maintenance & operation is required.

Official use only: Membership ID(s) -.....

Name, date and signature of the approving ISNF official:

Name: _____ Initials: _____ Date: _____

Version: AWF-06/2016

Masjid An-Noor: 745 Heim Road, Getzville, NY 14068

Masjid At-Taqwa: 40 Parker Street, NY 14214