

Islamic Society of Greenville Monthly Automatic Donation

ACH PreAuthorized Payments Agreements (Debits)

This is my authorization to Islamic Society of Greenville, (57-0885875),
Company Name Company I.D. Number

To automatically debit my checking savings account _____
Number

_____ at _____ in
Bank Transit/ABA No. Financial Institution

_____, _____
City State

Select where you want your monthly donation applied:

| Donation for | Amount |
|---|-----------|
| Masjid (Utilities, Imam Salary, Maintenance, Community Events). | |
| Sadaqa Fund (General Charity) | |
| Zakat Fund (Required Charity) | |
| Al-Sabeel Full-Time School | |
| Masjid Expansion Project (Bfund – For new building at new land) | |
| Total Monthly Donation | \$ |

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service. Allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if, within 15 days following the date on which I was sent a statement of account or a written notice of such entry or 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is in error and requesting credit back to my account.

This authorization is non-negotiable and non-transferable.

Customer Name

Customer ID Number

Date

Signature

Please mail this form and a VOIDED check to:
Islamic Society of Greenville
P.O. Box 25721
Greenville, SC 29616