

AUTHORIZATION FORM

Organization Name: **WEST END ISLAMIC CENTER (WEIC)**

FOR OFFICE USE ONLY	CUSTOMER #	DATE	
Effective date of authorization: ____/____/____ Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment			
Last Name		First Name	
Address			
City		State	Zip
Email Address			
MONTHLY PAYMENT (Note payments are recurring): ___ New Masjid Fund; ___ Masjid Operations Fund; ___ Jummah Fund; ___ Sadaqah Fund; ___ Zakat Fund Date for monthly withdrawal (please check one): <input type="checkbox"/> 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> Other ____ Date of first payment: ____/____/____ Amount of monthly payment: \$ ____			
CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)		Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ * 23456789 * 123 123456 * 000 * └──────────┬──────────┬──────────┘ Routing Number Account Number Check Number
	I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: _____ Date: _____		

WEIC is a 501c(3) tax exempt organization: Tax ID: 45-2507321.

Please attach the following to the bottom of this page:
For checking account, please attach a voided check. For savings account, please attach a deposit ticket.