



ELECTRONIC FUNDS TRANSFER (EFT/ACH) AUTHORIZATION FORM

DONOR INFORMATION	
FIRST NAME	
MIDDLE NAME	
LAST NAME	
STREET ADDRESS	
CITY	
STATE	
ZIP	
EMAIL ID	
PHONE	

PAYMENT PLAN			
FREQUENCY			
WEEKLY <input type="checkbox"/>	BI-WEEKLY <input type="checkbox"/>	MONTHLY <input type="checkbox"/>	YEARLY <input type="checkbox"/>
DONATION AMOUNT		DONATION TYPE	
START DATE			

FINANCIAL INSTITUTION NAME	
BANK NAME	
ACCOUNT TYPE	
ACCOUNT NUMBER	
ROUTING NUMBER	

OR ATTACHED VOID CHECK

PAYMENT AUTHORIZATION

I authorize my bank to debit my account as identified above to the terms stated here. This authorization shall remain in affect until Makki Masjid and bank receive written notification from me of intent to terminate at such time and in such manner as to afford Makki Masjid and bank reasonable opportunity to act (minimum 30 days)

All other changes such as payment amount, frequency, bank account number change, will require a new Payment Authorization Form to be filled out and submitted to Makki Masjid 30 days prior to any change being implemented. I understand that this payment plan may be cancelled by Makki Masjid due to NSF(non-sufficient funds) I will be liable to pay an NSF fee of \$25.00 (or amount allowable by law) which may be automatically debited for each NSF.

I represent and warrant that I am authorized to execute this payment authorization for implementing this payment plan. I indemnify and hold Makki Masjid harmless from damage loss or claim resulting from all authorized actions hereunder.

Your Signature _____

Date: _____

Second Authorized Signature _____

Date: _____

Please return completed form via email to donate@MakkiMasjid.com or Mail to Makki Masjid 3418 W Ainsle St, Chicago, IL-60625 or Drop at Masjid Office.