

Monthly Automatic Bank Withdrawal Form

Islamic Community Center of Tempe (ICC)

131 East 6th Street, Tempe AZ 85281 Phone: (480) 894-6070 Fax: (480) 894-6243

First Name: _____ Last Name: _____ MI: _____

Address: _____ Apt #: _____

City: _____ State: AZ Zip Code: _____

Phone Number: (____) _____ Fax Number: (____) _____

E-Mail address: _____

Monthly Donation Amount:

Please check the box next to the amount you would like to donate monthly:

\$30.00 [] \$50.00 [] \$75.00 [] \$100.00 [] \$150.00 [] Other \$_____

Donation by Automatic Bank Withdrawal:

I, the undersigned, authorize the ICC & its bank and/or other agency authorized by the ICC to withdraw the amount I have checked above from my bank account every month beginning with Month of _____ in Year _____. I understand that the withdrawal will continue until I give a written notice by the 15th of the month to stop this withdrawal.

Bank & Account Information:

Bank Name _____

Bank Address (not required) _____
Street Address City State Zip Code

Bank Routing Number _____ Account Number _____

IMPORTANT: PLEASE ENCLOSE A VOID (CROSSED OUT) CHECK FOR BANK VERIFICATION

Applicant's Signature: _____ Date: _____

Official Use Only:

Donor ID Number: _____ Date Started: _____ Date Stopped: _____