

ISLAMIC CENTER OF BLOOMINGTON-NORMAL

2911 Gill Street, Suite #6
Bloomington, Illinois 61704
www.bloomingtonmosque.com
(309) 664-0304

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize the Islamic Center of Bloomington-Normal, hereinafter called ICBN, to initiate debit entries to my (our):

- Checking Account
- Savings Account (select one)

Indicated below at the depository financial institution named below, hereafter-called DEPOSITORY, and to debit the same to such account. ICBN acknowledges that the origination of ACH transactions to ICBN's account must comply with the provisions of U.S. law.

Name: _____

Depository Name: _____ Amount: \$ _____

City: _____ State: _____ Zip: _____

Email: _____

This authorization is to remain in full force and effect until ICBN has received written notification from me (or either of us) of its termination in such time and in such manner as to afford ICBN and DEPOSITORY a reasonable opportunity to act on it. Withdrawals will take place the 1st Monday of every month.

Signature: _____

Please staple check or saving deposit slip here

For ICBN use only:

ID Number: _____ Date Approved _____