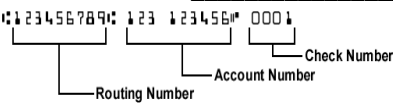


AUTHORIZATION FORMOrganization Name: **WEST END ISLAMIC CENTER (WEIC)**

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; ____ Monthly Maintenance 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: _____  <p> <small> * 1 2 3 4 5 6 7 8 9 * 1 2 3 1 2 3 4 5 6 * 0 0 0 1 Routing Number Account Number Check Number </small> </p>
	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.**