

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT

ORGANIZATION NAME: Islamic Educational Council

ORGANIZATION TAX ID NUMBER: 31-1398745

I/We hereby authorize Islamic Educational Council, hereinafter referred to as ORGANIZATION, to initiate debit entries to my account indicated below and at the financial institution named below, hereinafter referred to as DEPOSITORY, to debit the same to such account.

Your Account Name(s): _____

Your Account Number: _____

Your account type (please circle one) checking savings

Your Financial Institution (Bank) Name: _____

Routing and Transit Number (from the bottom of your checks):

TERMS OF PAYMENT:

Amount to be debited each month: _____

Funds are to be, debited on the 1st 15th 30th of each month (circle one)

This authorization will remain in full force and effect until ORGANIZATION has received written notification from me of my Intent to terminate this service in such time and in such manner as to afford ORGANIZATION and DEPOSITORY to act upon it.

Your Full Name: _____

Your Signature: _____

Date: _____

Address: _____

Phone: _____

This agreement will take effect upon the next debit date you have indicated above.