Az-Zahra Center

8350 LEAVENWORTH RD, KANSAS CITY KS 66109

az-zahra.org

RECURRING DONATION AUTHORIZATION FORM - CHECKING / SAVINGS ACCOUNT

I authorize Az-Zahra Center to charge / debit my bank account every month for my recurring donation. I agree to notify Az-Zahra Center in writing of any changes in my account information or termination of this authorization 30 days prior to the next due date of the donation. I will not dispute the recurring donation with my bank; so long as the transaction corresponds to the terms indicated in this agreement. I understand that because this is an electronic transaction, these funds may be withdrawn from my account each month as soon as the due date of the donation. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Az-Zahra Center expresses sincere thanks and appreciation for your kind donation. We look forward to your continued support as we strive to serve our community. Az-Zahra Center does not provide any goods or services to the donor in consideration of these donations.

Monthly Donation Amount \$	Please use the donations for CENTER EXPENSES CEMETERY	or		
	☐ IMAM ZAMAN FUND			
Last Name	First N	Name	М	Ι
Address			Apt	
City		State	Zip Code	
Email Address for notifications			Phone Number	
Bank Name				
Bank Routing Number A	ccount Number			
	Type of Account	Charge / debi	t my account on the	
Routing Number Account Number	☐ CHECKING		every month	
255555555555555555555555555555555555555	☐ SAVINGS	☐ 15 TH of	every month	
Check One:				
☐ ADD - enroll in the program				
☐ CHANGE - update my conta☐ CANCEL - stop my participa		number, or amount		
- CANCLL - Stop my participa	don in the program			
Signature		Date	2	_