

انجمن اسلامی عاطفہ متولی مسجد حضرت ابوبکر صدیق (رض)

ATIFA d/ b/ a Masjid Hazrat-i-Abubakr

141-47 33rd Avenue, Flushing, New York 11354

Mailing Address: P.O. Box 536, Old Bethpage, New York 11804-0536

(718) 358-6905

TAX ID #11-2845295

email: info@masjid-abubakr.org

<http://www.masjid-abubakr.org>

Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your donation is always on time helping the Masjid pay its bills on on-time and avoiding any late fees for the Masjid. JazakAllah Khairan!

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize **Masjid Hazrat-i-Abubakr** to charge my credit card/bank
(full name)

indicated below for \$ _____ on the _____ of each **montly** for payment of my
(day or date)
donation.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Checking/ Savings Account

Checking Savings

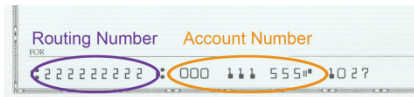
Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Credit Card

Visa MasterCard

Amex Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV (3 digit number on back of card) _____

Masjid Hazrat-i-Abubakr is a non-profit 501(c)(3), tax deductible ID# **11-2845295**

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Masjid Hazrat-i-Abubakr** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next donation date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.