



ISLAMIC SOCIETY OF NIAGARA FRONTIER

P.O. Box 0005, Getzville, NY-14068 Phone: (716) 568-1013

www.ISNFWNY.org

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT OF DONATIONS

Name _____
Please print name as it appear on the check

Home Address: _____ NY _____
(Street Address) (City) (Zip)

Contact Phone: (____) _____

If you want to be in ISNF emailing list please provide your email address.

Email: _____

DONATIONS FOR MASJIDS OPERATIONS AND MAINTENANCE

I authorize ISLAMIC SOCIETY OF NIAGARA FRONTIER to initiate debit entries to my checking account indicated below at the depository financial institution below, and to debit the same to such account.

\$30 \$50 \$100 \$200 \$500 \$1000 Other \$.....

Starting on day of20.....

Frequency: One Time Monthly

I would like my donation to be withdrawn from my below bank account:

Bank Account Number: _____ Checking Saving

Bank Name: _____ Routing Number: _____

Bank Address: _____

(Please enclose a voided check or a deposit slip. Please note that all Donations are tax deductible.)

This authorization is to remain in full force and effect until the ISLAMIC SOCIETY OF NIAGARA FRONTIER has received written notification from the above-named account holder of its termination in such manner as to afford the ISLAMIC SOCIETY OF NIAGARA FRONTIER and the depository financial institution a reasonable amount of time to act on it. I acknowledge that the origination of the transactions to my account must comply with the provisions of USA law.

Signature: _____ Date: _____

Are you already a member of Islamic Society of Niagara Frontier If you are not a member of the Islamic Society of Niagara Frontier, and would like to become one, please sign below.

I hereby declare that there is no deity but Allah, and Muhammad (PBUH) is Allah's last and final messenger. I/We also pledge to support ISNF's activities and abide by its rules, regulations and Bylaws to the best of my/our abilities.

Signature: _____ Residency Status: US Citizen/ Green Card Holder

Membership for additional family members: please provide name(s), birth date(s) (if they are below 40 years), and the relationship on the back of this sheet. Membership contribution per person is \$50.

Official use only: _____ Membership ID(s) -

Name, date and signature of the approving ISNF official:

Name: _____ Initials: _____ Date: _____
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