


# PAYMENT AUTHORIZATION FORM

## Shahe Najaf Islamic Center

Authorization Date: ____ / ____ / ____		
Type of Authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date		
<input type="checkbox"/> Cancel Authorization <input type="checkbox"/> Change donor information		
First Name:		Last Name:
Address:		
City:		State: Zip:
Email:		Phone:
DATE OF FIRST DONATION: ____ / ____ / ____	FREQUENCY OF DONATION <input type="checkbox"/> One Time <input type="checkbox"/> Monthly on the 5 <sup>th</sup> <input type="checkbox"/> Yearly on the 5 <sup>th</sup> of ____	PURPOSE <input type="checkbox"/> Expansion Initiative: \$_____ <input type="checkbox"/> Current Operations: \$_____ <input type="checkbox"/> Membership: \$_____ <b>Total: \$_____</b>
<b>CHECKING / SAVINGS ACCOUNT (Preferred)</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings Name on Acct: _____ Bank Name : _____ Account Number : _____ Bank Routing #: _____ 		<b>CREDIT CARD</b> Card Holder Name: _____ Card Number : _____ Expiry Date : _____ Billing Address: _____ Zip Code: _____

\*\*I authorize the Imam E Asr Islamic Seminary Inc., doing business as "Shahe Najaf" to charge my Bank Account or Credit Card in accordance with the information above.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

\*\*I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Shahe Najaf in writing of any changes in my account or termination of this authorization at least 15 days prior to the next billing date. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Shahe Najaf may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$30 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.

*\*\*Donations to Imam E Asr Islamic Seminary Inc. "Shahe Najaf" are deemed charitable under section 501(a) of the IRS code as charitable organization described in Section 501(c)(3). U.S. Federal Tax ID 54-2022985*

**Questions? Email us at [donations@shahenajafdc.org](mailto:donations@shahenajafdc.org) or call us at (703) 828-5893**