

**Monthly Automatic Bank Withdrawal Form
Islamic Community Center of Phoenix (ICCP)**

7516 North Black Canyon Highway, Phoenix AZ, 85051
Phone: (602) 249-0496 Fax: (602) 246-0554

Donor Information:

First Name: _____ Last Name: _____ MI: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____ Fax Number: (_____) _____

E-Mail address: _____

Monthly Donation Amount:

Please check the box next to the amount you would like to donate monthly:

\$30.00 [] \$50.00 [] \$75.00 [] \$100.00 [] \$150.00 [] Other \$ _____

Donation Purpose: _____

Donation by Automatic Bank Withdrawal:

I, the undersigned, authorize the ICCP and its bank and/or other agency authorized by the ICCP to withdraw the amount I have checked above from my bank account every month beginning with Month of _____ in Year _____. I understand that the withdrawal will continue until I give a written notice by the 15th of the month to stop this withdrawal.

Bank and Account Information:

Bank Name _____

Bank Address (not required) _____
Street Address City State Zip Code

Bank Routing Number _____ Account Number _____

Bank Account Type: Checking [] Savings []

Personal or Business Account: Business [] Personal []

IMPORTANT: PLEASE ENCLOSE A VOIDED CHECK FOR BANK VERIFICATION

Applicant's Signature: _____ Date: _____