

Authorization Agreement for Direct Deposit (ACH Debits)

"Anjuamn – E – Ahle Bayt" members who wish to eliminate the need to mail checks have the options of automatically depositing their payment into "Anjuman – E – Ahle Bayt" account through ACH Debit. Please complete the form below to have our representative set you up for this service.

ANJUMAN–E–AHLE BAYT INC

43-1862112

I / We hereby authorize "ANJUMAN–E–AHLE BAYT INC." hereinafter called the ANJUMAN, to initiate debit entries of \$_____ per month to our account indicated below at the depository financial institution named below, hereinafter called Bank, and to debit the same to such account. I / We acknowledge that the origination of ACH transactions to our account must comply with provision of Missouri law.

Bank Name:

Branch:

City:

State:

Zip:

Routing Number:

Account Number:

Checking Savings

This authorization is to remain in full and effect until ANJUMAN has received written notification from us of the termination of this authorization in such time and manner as to afford ANJUMAN and BANK a reasonable opportunity to act on it.

Signature: _____ **Date:** _____

Name: _____

Address: