

ACH PAYMENT ENROLLMENT FORM (VAKUF)

Please sign and complete this form to authorize ST. LOUIS ISLAMIC CENTER (STLIC) to make a monthly ACH debit from your bank account. Once you have completed this form please **attach a voided check** of the account you wish us to debit from for verification and security purposes. By signing this form you give STLIC permission to debit your account the total amount due as indicated on this form. This is permission for monthly transactions to be debited on the 25th of each month (or the date specified below), and does not provide authorization for any additional unrelated debits or credits to your account. **For your initial setup a completed authorization form along with a voided check must be submitted by the 20th to have your account debited by the 25th of that same month. If the 25th falls on a weekend payment will be processed the next business day.**

Please check one: New Change Cancel

PRIVACY ACT STATEMENT
<p>The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provision of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the STLIC Financial Committee to transmit payment data by electronic means to member's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.</p>

ORGANIZATION INFORMATION		
ORGANIZATION NAME: ST. LOUIS ISLAMIC CENTER		
ADDRESS: P. O. BOX 510932, SAINT LOUIS, MO 63151		
FED TAX ID: 27-2020309	TELEPHONE NUMBER: (314) 266-8820	FACSIMILE NUMBER: (877) 602-0329

PAYEE/COMPANY INFORMATION	
NAME:	TELEPHONE NUMBER: ()
ADDRESS, CITY, STATE ZIP:	

FINANCIAL INSTITUTION INFORMATION	
NAME ON ACCOUNT:	TYPE OF ACCOUNT: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
VAKUF ONLY: TOTAL VAKUF DONATION \$ _____	NUMBER OF INSTALLMENTS (N/A or blank for continuous): _____
GENERAL ACCOUNT MONTHLY DEBIT AMOUNT: <input type="checkbox"/> \$20 <input type="checkbox"/> \$30 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 Other \$ _____	MEMBERSHIP INCLUDED IN DEBIT AMOUNT: <input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL ACH MONTHLY DEBIT AMOUNT: \$ _____ DEBIT ON DAY: <input type="checkbox"/> 2 ND <input type="checkbox"/> 25 TH DAY OF THE MONTH	
NINE-DIGIT ROUTING TRANSIT NUMBER: (ABA) ____ - ____ - _____	
MEMBER'S ACCOUNT NUMBER:	

- I hereby authorize STLIC to debit the above designated account any membership fee or donation in the amount indicated on this form.
- I hereby cancel my ACH Direct Payment authorization.

I certify that I am an authorized user of the bank account as stated above and that I have the authority to authorize this payment on the accounts behalf. I understand that because this is an electronic transaction, these funds may be withdrawn from the account as soon as the above noted transaction date. I acknowledge that the origination of ACH transactions to its account must comply with the provisions of U.S. law. I agree not to dispute this transaction with my bank or STLIC provided the transaction corresponds to the terms indicated in this authorization form. I understand that I can cancel this ACH at any time by filling this form to cancel the future debits or by verbally notifying STLIC's Finance Committee at least 48 hours prior to the next scheduled ACH transaction.

SIGNATURE AND PRINT NAME:	TELEPHONE NUMBER: ()
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OFFICIAL USE ONLY:

STLIC COPY

PAYEE/COMPANY COPY

FINANCIAL INSTITUTION COPY

ST. LOUIS ISLAMIC CENTER
EXAMPLE OF VOIDED CHECK

John Smith
Mary Jones
1000 Prairieview Lane
Anyplace, WI 54321

VOID

PAY TO THE
ORDER OF _____ \$ _____

_____ DOLLARS

ANYOLD BANK
Anyplace, WI 54321

For _____

|:250250025 |: 202020086m 1234

15-000000000 1234

**Do not include
the check number.**