



# North American Islamic Foundation

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Web address: http://www.naifcenter.org

A Non-Profit organization serving the community with Friday Prayers, Quranic Teaching, Counseling & Funeral services.

## NAIFCENTER Donation Form ACH Pre-Authorized Payment Agreement (Debits)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City,State

\_\_\_\_\_  
Zip Code

This is my authorization to North American Islamic Foundation (NAIF), to automatically debit an amount of \$ \_\_\_\_\_ from my (check one)  checking  savings

Account \_\_\_\_\_ & \_\_\_\_\_  
Number Bank Transit/ABA No.

at \_\_\_\_\_ in \_\_\_\_\_  
Financial Institution(Bank Name) Bank City Bank State

I agree to contribute \$ \_\_\_\_\_ every  Week  Month  Other \_\_\_\_\_.

Monthly Withdrawal Date (check one):  5<sup>th</sup>  20<sup>th</sup>

**I authorize North American Islamic Foundation to use these funds for NAIFCENTER and all related services provided within United States ONLY.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, Allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.. I have the right to stop payment of a debit entry by notifying NAIF or my financial institution before the account is charged.. **This authorization is non-negotiable and non-transferable.**