

**AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS**

COMPANY NAME: MS Muslim Association

COMPANY TAX ID: \_\_\_\_\_

I (we) hereby authorize MS Muslim Association, hereinafter called COMPANY, to initiate debit entries to my (our) Checking account Savings Account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same such account. I (we) understand that my (our) contribution of \$ \_\_\_\_\_ will be drafted from our account on the \_\_\_\_\_ of each month.

DEPOSITORY NAME: \_\_\_\_\_

TRANSIT / ABA NO. \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) \_\_\_\_\_

ID NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

SIGNED: \_\_\_\_\_

(STAPLE VOIDED CHECK HERE)

