

Signature:\_



☑ Ability to stop at anytime.

Date: \_

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- The Automatic Monthly withdrawal form is used to authorize the Islamic Society of Greater Valley Forge (ISGVF) to withdraw donations directly from a donor's **bank account or credit/debit card account** each month. Please complete all three sections.
- Donations are tax deductible. ISGVF is a nonprofit 501 (c)(3) religious organization with FEIN#:23-2624144.

• Benefits of the ACH Program include: ☑ Donor Convenience

• Please mail a completed form with a voided check or credit/debit card info to **ISGVF P.O. Box: 2261, Southeastern, PA 19399** or a completed form with a voided check may also be dropped off in a sealed envelope in the donation box located in the school building or the main building.

6	∠ Less Administrative      ✓ Less Admin	Cost and Time	✓ Predictable C	Cash Flow for ISGVF
Section 1: Designation				
□ <b>Operating Fund:</b> Donations will support limited to, payments for electric, gas, water, repairs, and mailing and communication expurchases, arrangements for Salat and Qur'a	heating/cooling, insur expenses with the com	rance, cleaning suppl munity members. Y	lies, lawn care, p our donations w	property maintenance and
☐ <b>Trust Fund:</b> Donations will help in making in the sole purpose of the Society's use. \$	nprovements to the exis	sting facilities and pu	rchasing and cor	nstructing new facilities for
☐ <b>Weekend Islamic School:</b> Pay the monthl	y School fees for your c	hildren attending the	school. \$	
☐ Zakat Fund (Obligatory Charity for Mus	lims): Donations will h	elp needy people. \$_		
Section 2: Authorization for Automatic Mont	hly Withdrawal / Charg	e		
☐ ACH Bank Withdrawal  Attach a VOIDED check (a check with "VOID" writt	OR een on it)	□ Cred		Debit Card  MERICAN  COOPERS Cards  DISCOVER  INTERIOR
Start Date: ( mm/dd/yy) Total Amount:		Start Date: (mm.yy)		Amount:
Bank Name:		Name:		
Routing #: (9 Digits: )		Card No:		
Account #: (10 Digits:)		Expiry Date: (mm/yy	v) B	illing Zip Code:
Check Withdraw	al Date: 🗆 5th of the m	onth or 20th of t	the month	
Section 3: Personal Information				
Name:		Address:		
Email:		City:		
Phone:		State:	Zip:	
Special Instructions ( if any) :				
I hereby authorize Islamic Society Of Greater Valley Forge t remain in effect <b>until revoked by me in writing</b> .	o initiate automatic withdrav	val from my bank account	or credit card each m	nonth. This authorization is to