Anjuman-e-Saifee, Chicago

Recurring Auto-Debit or Credit Card Authorization Form

PERSONAL INFO

Full Name: (First, Middle, Last)	Ejamaat ID:
Street Address:	Home Phone: Mobile Phone:
City, State, Zip:	Email Address:

DEBIT A BANK ACCOUNT

Financial Institution/Bank Name:	Type of Account: ☐ CHECKING ☐ SAVINGS
Routing Number:	Account Number:
Total payment amount: ……... $ Start date (MM/DD/YYYY) ……... No. of months to pay: ……..	Monthly payment: …… $ Last month payment amount …… $ (if different from monthly payment): ☐ VOIDED CHECK attached to form
I hereby authorize Anjuman-e-Saifee, Chicago to debit the amount from my bank account towards the payment of the _____ project	Signature:

Auto-deduction from your financial institution/bank account will be done on the 10th of every month, unless we receive notification via email by the 7th of that month. You will be responsible for any transaction or bank charges occurred due to insufficient funds on your account or failure to notify prior to any changes.

PAY BY CREDIT CARD

Charge my credit card:	(a) ☐ for $_____ per month, starting _____ for ____ months; or (b) ☐ no end date towards payment of _____	
Full Name as Appears on Credit Card:	Card Number: Expiration (MM/YYYY):	Security Code:
Billing Address: City, State, Zip:	☐ VISA ☐ AMERICAN EXPRESS ☐ MASTERCARD ☐ DISCOVER	
Signature:	Date:	

Your credit card will be charged on the 1st or the 16th of the month unless we receive notification via email at least 3 days in advance

Please either mail this form to: Anjuman-e-Saifee, Chicago, 10S252 Kingery Hwy, Willowbrook IL 60527
Or fax the form to: 630-320-0637 / email form to office@chicagojamaat.org
If any questions, please call jamaat office at: 630-320-0638

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