Anjuman-e-Saifee, Chicago

Ashara 1434h

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:

Amounts

Khidmat Amount	\$ 786.00
Additional Thaals	x \$40 = \$
Total Payment:	\$

DEBIT A BANK ACCOUNT

Financial Institution/Bank Name:	Type of Account: CHECKING SAVINGS Voided Check Attached to form
Routing Number:	Account Number:
I hereby authorize Anjuman-e-Saifee, Chicago to debit the amount from my bank account one time for the amount specified above	Signature:

PAY BY CREDIT CARD

Full Name as Appears on Credit Card:	Card Number:	Security
		Code:
	Expiration (MM/YYYY):	
Billing Address:	VISA	AMERICAN EXPRESS
City, State, Zip:	MASTERCARD	DISCOVER
I hereby authorize Anjuman-e-Saifee, Chicago to charge my Credit Card one time for amount specified above.	Date:	
Signature:		