

The Islamic Center of Cedar Rapids, Iowa

2999 1st Av. SW., P.O. Box 8446, Cedar Rapids, IA 52408

Phone: (319) 362-0857 – e-mail:info@crmosque.com

AUTO WITHDRAWAL AUTHORIZATION FORM

(All Donations are Tax Deductible)

| | |
|--------------|--------------|
| NAME: | DATE: |
|--------------|--------------|

As a convenience to me, I hereby request and authorize the Islamic Center of Cedar Rapids, IA to withdraw \$ _____ on the 15th of every month from my account identified below. I would like to have this money go to the following funds:

Membership Dues \$ _____
General Fund \$ _____
My Iman Montessori Fund \$ _____
Capital Projects Fund \$ _____
Zakatul Mal \$ _____
Others (Specify _____) \$ _____

This authorization shall remain in effect until I notify the Islamic Center or the bank to terminate.

| |
|-------------------|
| SIGNATURE: |
|-------------------|

ATTACH AN UNSIGNED VOIDED CHECK OR DEPOSIT SLIP HERE:

ALL DONATIONS ARE TAX DEDUCTIBLE

| BANK | ABA/TRANSIT# | ACCOUNT # |
|-------------------|--------------|-----------|
| Name: Address: | | |

“...and whatsoever you spend in His (Allah) cause. He replaces it: for He is the best of those who grant sustenance.” Quran 34:3

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