

AUTHORIZED AGREEMENT FOR PRE-AUTHORIZED DEBITS

I (we) hereby authorize the **Islamic Center of Rochester** to initiate debit entries to my (our) checking account at the depository (bank) named below:

Bank Name: _____

Branch: _____

City: _____ State: _____

Zip Code: _____

9-Digit Transit/ABA/Routing No:

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Amount to Debit: _____

Account No: _____

Name (s): Husband _____
First *Last*

Wife _____
First (Please Print) *Last*

Address: _____

Date: _____ Home Phone _____

Signed: X _____

X _____

REMINDER: Please attach a voided check, or a copy thereof.