

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

Control Record Number:		Customer Number	
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[REDACTED] hereinafter referred as the "Member" hereby authorizes **Anjuman-e-Najmi, San Francisco** to initiate debit entries to the checking or savings account indicated below and authorizes the named depository financial institution to honor such debit entries against the account. These debit entries are to be used for the Member's willing full participation in the [REDACTED]. Member understands there will be a \$ 3.00 fee automatically charged to Members account for any insufficient funds (NSF) transactions. Member releases **Anjuman-e-Najmi, San Francisco** from any liability or indemnification arising out of such transaction(s).

ACCOUNT INFORMATION

Account Holder Name				
Bank Name				
Street Address		City	State	Zip Code
Routing Number		Account Number		<input checked="" type="checkbox"/> Checking A/C <input type="checkbox"/> Savings A/C

ATTACH VOIDED CHECK. (Do not send deposit slip)

The frequency of payment will be monthly and debit entry be initiated on each 2nd day of the month in the amount of \$ [REDACTED]. This authority is to remain in full force from [REDACTED] 20[REDACTED] and until [REDACTED] or **Anjuman-e-Najmi, San Francisco** receives written notification from the Member that it is terminated whichever is earlier. Written notification must be received in such time and such manner as to afford **Anjuman-e-Najmi, San Francisco** a reasonable opportunity to act on it.

Member: [REDACTED]

Authorized Signature on the Account

 Authorized Signature on the Account