

NORTH AMERICAN ISLAMIC FOUNDATION



(NAIF Center)

P.O Box 985, Herndon VA 20172

Phone: 703-775-3008

<http://www.naifcenter.org>

A non-profit organization serving the Islamic community

AUTOMATIC PAYMENT AGREEMENT (ACH) Form

I hereby authorize NORTH AMERICAN ISLAMIC FOUNDATION (NAIF) to automatically debit an amount of \$ _____, monthly from my bank account, the information for which is provided below.

BANK INFORMATION

Name(s) on account _____

Bank Name _____ Bank Phone No. (____) _____

Bank Account # _____ Account Type: Checking Savings (Circle One)

Bank 9-Digit ABA / Routing # --

(See sample check below. This is the number indicated at the bottom left corner of your checks)

Please process my payment on the **5th** **20th** day of every month. (Circle One)

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if, within 15 days following the date on which I was sent a statement of account or a written notice of such entry or 45 days after posting, whichever occurs first, I give my financial institution a written notice identifying the entry, stating that it is in error and requesting credit back to my account.

Signature(s) _____

Date: _____

Sample Check:

John Doe	Date _____	# 1023
555 Sunny Rd		
Dulles, VA 20166		
Pay to the order of _____		
New Age Bank		
Memo _____		
987654321	01	12334455786
		1023

Bank 9-Digit ABA / Routing Number

Account Number

Check Number

This authorization is non-negotiable and non-transferable.