



# Masjid Uthman

## ACH Payment Authorization Form

Please complete this form to authorize **Muslim Community Association of the Western Suburbs (MCAWS)** to initiate ACH debits or credits to your account. This authorization will remain in effect until you notify us in writing to terminate it.

### Customer Information

Full Name:	_____
Address:	_____
City, State, ZIP:	_____
Phone Number:	_____
Email Address:	_____

### Bank Account Information

Please provide the following details for the account to be debited/credited:

Bank Name:	_____
Routing Number:	_____
Account Number:	_____
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

### Authorization

By signing below, I authorize **Muslim Community Association of the Western Suburbs** to initiate ACH entries to my account at the financial institution indicated above. I understand that this authorization will remain in effect until I notify **Muslim Community Association of the Western Suburbs** in writing to cancel it, allowing a reasonable amount of time to act on it.

Signature:	_____
Date:	_____
Printed Name:	_____