

Islamic Center of Northeast Florida, Inc.

2333 St. Johns Bluff Road S. - Jacksonville, FL 32246

Phone: (904) 646-3462 Fax: (904) 646-9044

Automatic Bank Account or Credit Card deduction

Section 1: Personal Information

Last Name: _____ M.I: _____ First Name: _____, Spouse Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

E-Mail Address: _____

Section 2: Designation

Please check the total amount you would like to donate.

<input type="checkbox"/> \$10	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> \$200	<input type="checkbox"/> Other \$ _____	<input type="checkbox"/> One Time Only \$ _____
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Please distribute the above amount, if you would like your donation in particular fund(s).

Operating \$ _____	Membership \$ _____	Imam \$ _____	Building \$ _____	Zakat \$ _____	Needy Family \$ _____	Sunday School \$ _____	Al-Furqan \$ _____	Other \$ _____
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Section 3: Authorization for Automatic Monthly Withdrawal / Charge

I, _____, authorize my bank to make payment of above amount
(Print Your Name Please)
as specified, to **ICNEF** on the 15th or thereabout every month except in the category of 'One Time Only'.

<input type="checkbox"/> ACH Bank Withdrawal Attach a VOID check (a check with VOID written on it) Start Date: (mm/yy) _____ Amount: _____ Bank Name: _____ Routing #: (9 Digits): _____ Account# (10 Digits): _____	<input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"><input type="checkbox"/> VISA</div> <div style="text-align: center;"><input type="checkbox"/> MasterCard</div> <div style="text-align: center;"><input type="checkbox"/> American Express</div> <div style="text-align: center;"><input type="checkbox"/> DISCOVER</div> </div> Start Date: (mm/yy) _____ Amount: _____ Name: _____ Card No: _____ Expiry Date: (mm/yy) _____ Billing Zip Code: _____
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Would you like to be contacted to become **Islamic Center** member? Yes No

_____ Signature

_____ Date