



Rahmat-e-Alam Foundation

A State of Illinois Registered, IRS 501 (C) (3) Non-Profit Organization

Shari'ah Board of America

Darul Uloom Chicago

Guidance Educational Academy

Direct Deposit Request Form

Donor's Personal Information:

Full Name: _____

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

Cell Number: _____ Email Address: _____

Deduction Method:

Option 1: Direct Deposit through Checking Account

Bank Name: _____ Check# (if available): _____

Routing Number: _____ Account Number: _____

Option 2: Direct Deposit through Credit Card

Credit Card Number: _____ Expiration Date: _____

Name (as it appears on the card): _____ CVV: _____

Donation Details:

Amount (check one): _____ \$100 _____ \$200 _____ \$500 _____ \$1000 _____ Other _____

Frequency (check one): _____ Biweekly _____ Monthly _____ Quarterly _____ Annually

Deduction Date: _____ of every cycle (depending upon frequency)

Starting From: _____ Special Instructions: _____

Type (select one): _____ Donation (Sadaqah) _____ Zakat _____ Building Payment

_____ Other _____ (type in description)

I / We (co account holders), _____ & _____, herein, authorize deduction of \$_____ as per the frequency selected above, by Rahmat-e-Alam Foundation.

This Authorization will remain in effect until revoked by me/us in writing, and until the bank actually receive such notice. I/we agree, the bank shall be fully protected in honoring any such debit entry. I / we further agree, that the bank's service of each such debit entry, and your rights in respect to it, shall be same as if it were signed by me / us. I/ we fully agree that if any such debit entry is dishonored whether with or without cause, you shall be under no liability whatsoever and any service charges incurred will be my / our responsibility.

Signature of Account Holder: _____ Signature of Co Account Holder _____

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www.rahmatealam.org