



Islamic Society of Tampa Bay Area

7326 E. Sligh Ave Tampa, FL 33610
Phone: 813-628-0007 Fax: 628-0020

Automatic Withdrawal Sign-up Form

Full Name:

Billing Address:

City:

State:

Zip Code:

Phone:

Mobile:

Email:

Monthly Donation (check one)

\$250 \$200 \$100 \$50 \$35 \$25 (minimum) Other: _____

Method of Payment: Credit Card Draft
(Complete Section A)

Automatic Bank Withdrawal
(Complete Section B)

Section A: Credit Card Draft

Account Number:

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Expiration Date:

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-----Month----- -----Year-----

Withdrawal Start Date:

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-----Month----- -----Year-----

I give permission to the Islamic Society of Tampa Bay Area to charge my credit card the amount I have indicated above. I also understand that I may change or end a monthly donation agreement at any time with a thirty days written notice.

Signature Authorizing Charge: Date:

*Please mail, fax, or submit your completed form to **Address:** ISTABA; 7326 E. Sligh Ave. Tampa, FL 33610 **Fax:** 813-628-0020*

Section B: Bank Automatic Withdrawal (for banks in USA only)

Checking Acct. Savings Acct. ***Please submit a voided check or deposit slip for accurate routing data***

Account Number:

Withdrawal Start Date:

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-----Month----- -----Year-----

I give permission to the Islamic Society of Tampa Bay Area to withdraw from my bank account the amount I have indicated above. I also understand that I may change or end a monthly donation agreement at any time with a thirty days written notice.

Signature of Account Holder: Date:

*Please mail, fax, or submit your completed form to **Address:** ISTABA; 7326 E. Sligh Ave. Tampa, FL 33610 **Fax:** 813-628-0020*