



# Rahmat -E- Alam Foundation

7045 N Western Ave., Chicago, IL – 60645

Ph: 773-764-8274

Fax: 773-764-8497

www.rahmatealam.org

## Direct Deposit Form

### Donor Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Billing Address (If different from above): \_\_\_\_\_

### Option 1 – Bank Information

Bank Name: \_\_\_\_\_ Check #: \_\_\_\_\_

Bank Routing #: \_\_\_\_\_ Checking Account #: \_\_\_\_\_

**Note: Please attach a voided check.**

### Option 2 – Credit Card Information

Credit Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name (as appears on the card): \_\_\_\_\_ CVV#: \_\_\_\_\_ Type: \_\_\_\_\_

Frequency:  Monthly  Quarterly  Annually  Other \_\_\_\_\_

Date of Debit \_\_\_\_\_ of every (*as stated above*) starting from: \_\_\_\_\_ 20\_\_\_\_\_

Amount:  \$50(recommended)  \$100  \$30  \$15  Other \_\_\_\_\_

### Contribute Towards:

General Donation  Building Payment  Tuition  Salary  Utilities

Islamic Library  IT Department  Zakat/Sadaqa  Other \_\_\_\_\_

I / WE, \_\_\_\_\_

(Name of account holder)

(Name of co account holder)

herein, authorize debit, electronically, by paper or by any other commercially accepted method of draw the sum of \$\_\_\_\_\_ .00

*Dollars* (in words) \_\_\_\_\_ as per the frequency stated above, to the order of by

RAHMAT -E- ALAM FOUNDATION, 7045 N. Western Ave. Chicago IL 60645, DBA SHARI'AH BOARD OF AMERICA / DARUL ULOOM CHICAGO / GUIDANCE EDUCATIONAL ACADEMY.

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 the account holder

\_\_\_\_\_  
Signature of the co account holder

جزاك الله خيراً (Jazakallahu Khairan)

Name of Signup Volunteer \_\_\_\_\_ Date: \_\_\_\_\_