



The Islamic Center of Cedar Rapids, Iowa
 2999 1st Av. SW., P.O. Box 8446, Cedar Rapids, IA 52408
 Phone: (319) 362-0857 – Fax: (319) 362-5243

AUTO WITHDRAWL AUTHORIZATION FORM
(All Donations are Tax Deductible)

NAME:	DATE:
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As a convenience to me, I hereby request and authorize the Islamic Center of Cedar Rapids, IA to withdraw \$_____ every month, commencing on _____ from my account identified below. I would like to have this money go to the following accounts:

Membership Dues \$ _____
 General Fund \$ _____
 Building Fund \$ _____
 Others \$ _____
 Specify _____

This authorization shall remain in effect until I notify the Islamic Center or the bank to terminate.

SIGNATURE:

ATTACH AN UNSIGNED VOIDED CHECK OR DEPOSIT SLIP HERE:

BANK	ABA/TRANSIT#	ACCOUNT #
Name: _____	_____	_____
Address: _____	_____	_____

"...and whatsoever you spend in His (Allah) cause. He replaces it: for He is the best of those who grant sustenance." Quran 34:3