

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

The Muslim Community of the Quad Cities, Bettendorf, Iowa
2115 Kimberley Rd, Bettendorf, IA 52722

AUTO WITHDRAWAL AUTHORIZATION FORM

(All Donations are Tax Deductible)

Name:
Address:
City/State/Zip:
Phone No:

As a convenience to me, I hereby request and authorize the MCQC, Bettendorf, IA to withdraw \$_____ on the 1st of every month starting _____ from my account identified below. I would like to have this money go to the following funds:

General Operating Fund	\$ _____
Zakat-ul-Mal	\$ _____
Endowment Fund	\$ _____
Others (Specify _____)	\$ _____

ATTACH AN UNSIGNED VOIDED CHECK OR DEPOSIT SLIP HERE:

BANK	ABA/TRANSIT#	ACCOUNT #
Name: Address:		

I, the undersigned, hereby authorize ACH transaction to be initiated and processed to the account of the Muslim Community of the Quad Cities (MCQC). I, further authorize MCQC to release information about my account to another institution to carry out instructions for ACH transfer

This authorization shall remain in effect until I notify the MCQC in writing at least ten (10) business days before the ACH transfer is initiated.

SIGNATURE:

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

visit us @ www.mcqc.org