



## Islamic Center of Fremont (ICF)

### Direct Deposit Form

I authorize ICF to initiate an electronic debit against my bank account as a donation to ICF according to the terms outlined below. I acknowledge that the origination of ACH (Automated Clearing House) transactions to my account must comply with the provisioning of United States law.

#### Donor's Information

First Name	Middle Initial	Last Name

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

**Email:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

--	--	--	--	--	--	--	--	--

**ABA Routing Number:**

--	--	--	--	--	--	--	--	--	--	--	--

**Bank Account number:**

**Suggested Monthly Amount**      \$50              \$100              \$250

**Amount:** \$ \_\_\_\_\_      ☐ Monthly (debited 1<sup>st</sup> of each month)      ☐ One Time

This payment authorization is to remain in full force and effect until I will notify Islamic Center of Fremont of its cancellation by sending written notice or emailing to [finance@icfbayarea.com](mailto:finance@icfbayarea.com)

**Date** \_\_\_\_\_

Please mail completed form to ICF , PO Box 1706, Fremont CA 94538

Or email to [finance@icfbayarea.com](mailto:finance@icfbayarea.com)

For questions please email [finance@icfbayarea.com](mailto:finance@icfbayarea.com)