



Rahmat -E- Alam Foundation

7045 N Western Ave., Chicago, IL – 60645

Ph: 773-764-8274

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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: _____