

IABAT INC

Preauthorized Payments Agreements (Debits)

This is my authorization to Islamic Ahlul Bayt Association of the the Triangle, EIN# 31-1639879,

To automatically debit my checking or savings (circle one)

Account # _____

_____ at _____ In _____
Bank Transit/ABA No.(9-digit Routing No.) Financial Institution city state

For Monthly Amount of\$ _____

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if **corrections in the debit amount are necessary, it may involve an Adjustment (credit or debit) to my account.** I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution, if within 15 days following the date on which I was sent a statement of account or a written notice of such entry or 45 days after posting, whichever occurs first. I would give my financial institution a written notice identifying the entry, stating that it is an error And request to credit back to my account.

This authorization is non-negotiable and non-transferable.

Customer Name

Date

Signature

Drafts will be made at the end of each month. Note: All donations are Tax Deductible.
NOTE: Please attach a voided check with it.

Please return completed form to 2140 Page Rd, Durham, NC 27703 Or
Email to treasurer@iabat.org

You can also send payments through Paypal to Email address
info@iabt.org