



# Islamic Society of Tampa Bay Area

7326 E. Sligh Ave Tampa, FL 33610  
Phone: 813-628-0007 Fax: 628-0020

## AUTOMATIC WITHDRAWAL: DAR UL ULOOM FEES

Full Name: .....

Billing Address: .....

City: ..... State: ..... Zip Code: .....

Phone: ..... Mobile: .....

Email: .....

Specify Amount: \$ \_\_\_\_\_ / Month

Method of Payment:  Credit Card Draft (Complete Section A)       Automatic Bank Withdrawal (Complete Section B)

### Section A: Credit Card Draft

Account Number: 

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

Expiration Date: 

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

      Withdrawal Start Date: 

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

-----Month-----      -----Year-----      -----Month-----      -----Year-----

I give permission to the Islamic Society of Tampa Bay Area to charge my credit card the amount I have indicated above. I also understand that I may change or cancel my payment plan at any time with a thirty days written notice.

Signature Authorizing Charge: ..... Date: .....

*Please mail, fax, or submit your completed form to **Address:** ISTABA; 7326 E. Sligh Ave. Tampa, FL 33610 **Fax:** 813-628-0020*

### Section B: Bank Automatic Withdrawal (for banks in USA only)

Checking Acct.     Savings Acct.    **\*Please submit a voided check or deposit slip for accurate routing data\***

Account Number: .....

Withdrawal Start Date: 

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

-----Month-----      -----Year-----

I give permission to the Islamic Society of Tampa Bay Area to withdraw from my bank account the amount I have indicated above. I also understand that I may change or cancel my payment plan at any time with a thirty days written notice.

Signature of Account Holder: ..... Date: .....

*Please mail, fax, or submit your completed form to **Address:** ISTABA; 7326 E. Sligh Ave. Tampa, FL 33610 **Fax:** 813-628-0020*