



# Islamic Society of Tampa Bay Area

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

## Automatic Withdrawal Sign-up Form

Full Name: .....

Billing Address: .....

City: .....

State: .....

Zip Code: .....

Phone: .....

Mobile: .....

Email: .....

### Monthly Donation (check one)

\$20 (minimum)    \$35    \$50    \$100    \$200    \$250    Other: \_\_\_\_\_

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

### Section A: Credit Card Draft

Account Number: 

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Expiration Date: 

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

Withdrawal Start Date: 

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-----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 end a monthly donation agreement 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: 

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-----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 end a monthly donation agreement 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