

Islamic Circle of Mercer County (ICMC)

ACH / Pledge Form

Name _____

Street Address _____

City, State, Zip _____ Home Phone: _____

E-Mail _____ Mobile Phone: _____

- Enclosed is One time my donation: \$ _____ (Make all checks payable to **ICMC**)
- I pledge \$ _____ to be paid in full before the end of December 20____
- I pledge \$ _____ to be paid in payments of \$ _____ in _____ payments from _____ (Month/Year)
- Credit Card # _____ Expiration date _____ (Month/Year)
or
 - Bank Account. (Please fill and sign the ACH Agreement below)

Please mail donations to: **Islamic Circle of Mercer County (ICMC), P. O. BOX 2636, Hamilton, NJ 08690**
Phone: **609-586-3165**; Website: www.icmcmasjid.org; Email: shura@icmcmasjid.org
For more information, call **Syed M. Wasti: (609) 462-1496** or **Selim Sheikh: (609) 439-7459**

Islamic Circle of Mercer County is a non for profit 501C(3) organization. Tax ID – 223727624

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ONLY FOR BANK AUTHORIZATION AGREEMENT FOR ACH PAYMENTS/DEBITS

I hereby authorize Islamic Circle of Mercer County (ICMC) hereafter named COMPANY, to initiate Single or Recurring (debit) entries to my account indicated at the depository financial institution named below, hereafter named FINANCIAL INSTITUTION. I further authorize COMPANY to initiate an adjusting or correcting entry as necessary.

Finally, should any such debit(s) be returned as NSF or Uncollected Funds, I authorize the COMPANY to collect such debit(s) electronically and to subsequently collect a Returned Item Fee of \$25.00 (or the maximum allowed by state law, whichever is greater) per item, electronically from the same account identified below.

I am a duly authorized signer on the account identified below, and authorize all of the above as evidenced by my signature below.

Financial Institution Name: _____ Checking: _____, Savings: _____

Routing Number: _____ Account Number: _____

ONE-TIME DEBIT

Date on or after which payment will post _____ for an Amount: _____

RECURRING DEBITS

Payment Start Date: _____ Amount: _____ Number of Payments: _____ Continuous.

This authorization is to remain in full force and effect until the COMPANY has received written notification from me of its termination in such time and in such manner as to afford the COMPANY a reasonable opportunity to act. Notice of revocation of authorization should be sent to the address above.

Printed Name: _____ Signature: _____ Date: _____