

**In the name of Allah, The Most Gracious, The Most Merciful**

**Direct Debit Authorization Form**

**Masjid Ar-Rahman Inc.**

723 Merchant Street, Coatesville, PA.

**Tax Exempt ID 56-2619392**

Select One:            New Account            Change Request

I hereby authorize Masjid Ar-Rahman, 723 Coatesville, PA to debit from my account the following:

\$	Towards General Masjid Fund
\$	Zakaath Fund / Sadaqa Fund (select one)
\$	Total

This debit will be made starting from date \_\_\_\_mm\_\_dd\_\_\_\_yy every month/ quarter/ year (select one).

A voided check is enclosed. I understand I may discontinue the donation at any time by making a written request to Masjid Ar-Rahman.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

ZIP \_\_\_\_\_ Email Address \_\_\_\_\_

**For Masjid Ar-Rahman use only**

Direct Debit Form #	
Entered in Pledge Register by (Name/Signature/Date)	
Date of first debit	
Receipt #/Date	