



# Salam Academy

“Where Education Has No Limits”

## Automatic Monthly Withdrawal Authorization Form

This Automatic Monthly Withdrawal Form is used for authorizing Salam Academy, Inc. to withdraw donations directly from the donor’s bank and/or credit/debit card account each month. **Please complete all three sections.** Salam Academy, Inc. is non-for-profit organization. Donations are tax deductible as permitted by state and federal tax law.

**SECTION 1: Designation of Gift** (Minimum of \$10.00 monthly)

<input type="checkbox"/> Join “Educate a Child” Campaign	Monthly _____	One Time Payment _____
<input type="checkbox"/> Salam Academy New Home Project	Monthly _____	One Time Payment _____
<input type="checkbox"/> Area of Greatest Need	Monthly _____	One Time Payment _____
<b>Total Withdrawal</b>	<b>Monthly _____</b>	<b>One Time Payment _____</b>
<b>For Monthly Withdrawal:</b>	<b>Start Date _____</b>	<b>End Date _____</b>

Does your employer have a Matching Gift Program? \_\_\_\_ Yes \_\_\_\_ No

If Yes, please obtain and complete the appropriate matching-gift form from your employer and then mail/ or drop to Salam Academy.

**SECTION 2: Authorization for Automatic Monthly Withdrawal/Charge**

Start Date: (mm/yy) \_\_\_\_/\_\_\_\_ (withdrawals will be made on the last business day each month)

Check one: \_\_\_\_ Bank Withdrawal      **OR**      \_\_\_\_ Credit Card      \_\_\_\_ Debit

Type of account: \_\_\_\_ Checking \_\_\_\_ Savings      Type of Card (Visa, M/C, Amex, etc.)      CVC \_\_\_\_

Bank Name: \_\_\_\_\_      Name on Card: \_\_\_\_\_

Routing # (9 Digits): \_\_\_\_\_      Card No: \_\_\_\_\_

Account # (10 Digits): \_\_\_\_\_      Expiration Date: (mm/yy) \_\_\_\_/\_\_\_\_

Credit Card Authorization: Signature: \_\_\_\_\_      Date: \_\_\_\_\_

If withdrawal is from your checking account, please attach copy of **VOIDED** check - see example below



Salam Academy is a 501(c)3, non profit organization with the following:

- State Tax ID: 02-472861-006
- Federal ID: 85-0481401

**SECTION 3: Personal Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ (Home/Cell/Work)

**AUTHORIZATION AGREEMENT FOR AUTOMATED WITHDRAWALS:** I hereby authorize and request Salam Academy, Inc. to make monthly withdrawals in the amount listed above by initiating debit entries to my account indicated on the voided check copy provided, and I authorize and request BANK to accept my debit entries initiated by Salam Academy, Inc. to such account. It is understood that this agreement may be terminated by me at any time by written notification (with signature and date) to the Salam Academy, Inc. Any such notification to the Salam Academy, Inc. shall be effective only with respect to entries initiated by the Salam Academy, Inc. after receipt of such notification and a reasonable opportunity to act on it.

Do you want a donation receipt at the end of fiscal year?      \_\_\_\_ Yes \_\_\_\_ No

Can we recognize you as a donor on our website and publications?      \_\_\_\_ Yes \_\_\_\_ No

Authorization Signature & Date: \_\_\_\_\_

Form received by: \_\_\_\_\_ (sign/date)