



# Ahlul Bayt Society - Columbus

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## ACH DIRECT WITHDRAWAL AUTHORIZATION FORM

I hereby authorize Ahlul Bayt Society of Columbus to initiate debit entries to my (our) account indicated below and the financial institution named below. This authority is to remain in full force and effect until Ahlul Bayt Society has received a notification from me (or either of us) of its termination. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law and are subject to all NACHA rules and regulations.

Name \_\_\_\_\_

Amount \$ \_\_\_\_\_

Frequency  Monthly  Semi-Annual  Annual

Checking/Saving Account #: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

ATTACH A VOIDED CHECK