



In the Name of God, the Beneficent, the Merciful.
ISLAMIC EDUCATION CENTER
HUSAINI ASSOCIATION OF GREATER CHICAGO, INC.
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CHECK-O-MATIC FORM

I Mr/Ms. _____ resident

of _____

_____ hereby authorize IEC Husaini

and their financial institution to make withdrawals of amounts stated hereunder on a monthly basis from my bank account. (Please attach a copy of voided check, if possible)

BANK NAME: _____

BANK ADDRESS: _____

BANK ACCOUNT NUMBER: _____

BANK ROUTING NUMBER: _____

AMOUNT TO BE WITHDRAWN EVERY MONTH*: _____

SIGNATURE: _____

*The amount will be withdrawn on or before fifth (5) of every month from your bank account. Your contributions are tax deductible Please donate as generously as possible.