



مؤسسة التبليغ الاسلامي
Islamic Propagation Foundation
Houston – USA الولايات المتحدة – هيوستن

Bank Draft Authorization

Please Print in Capital Letters

Last Name		First		Middle Initial	
Address:					
Phone: () ()	Res. Off.	Fax: () ()	Res. Off.	E-Mail:	

Bank Account Information

I authorize Islamic Propagation Foundation to draft on my checking account listed below on a monthly basis for the payment of my IPF donation at the rate of \$ _____ per month on 1st 15th day of the month. This authority shall remain in force until I notify my bank and IPF in writing of its cancellation.

Account Holder Information Date _____ Account Holder (Print) _____ Signature _____ Bank Account # _____	Bank Information Bank Name _____ Bank Address _____ City, State, Zip _____ Bank Transit/ABA # _____
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Please indicate below the areas of IPF activities that, you can volunteer for, utilizing your professional background.

Programs Library Teaching Other: _____
(Specify)

IPF USE ONLY / Bank Info.

ABA # Verification _____
Signature _____
Wells Fargo Account NO. 0909645269

Completed form may be mailed, faxed, or handed to Syed Javad Rizvi, Syed Jafar Yahya, or Syed Asad Shah. Please include a voided bank check with the form.