

Darul Uloom Seattle ACH Payment Authorization Form

I _____ authorize **Darul Uloom Seattle** to charge donation of
\$_____ on _____ day of every month, With first payment date: _____ from my Bank Account

Number: _____ Bank Routing #: _____ (Please attach voided check
if available)

Billing Address: _____

Phone: _____ Email: _____

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Darul Uloom Seattle 15935 NE 8th St., B200, Bellevue WA 98008 Phone: 425-351-5668 in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. There will be no prior notification; a receipt for each payment will be emailed and charge will appear on bank statement as "ACH Withdrawal Darul Uloom of Seattle", actual transaction date can be 3 to 7 working days after date specified. In the case of transaction being rejected for Non Sufficient Funds (NSF) I understand that Darul Uloom of Seattle may at its discretion attempt to process the charge again, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH/credit card transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.