

Jaffarya Center of Niagara Frontier, NY, Inc.

A Non-Profit Religious, Charitable Organization

Federal ID 16-1173305

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Getzville, NY 14068 USA

E-mail: info@jaffarya.org

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENT OF DONATIONS FORM

Name: _____

(Please Print)

Address: _____

Home Phone: _____ Cell Phone: _____ Fax: _____

Email: _____

DONATIONS FOR OPERATIONS

I authorize JAFFARYA CENTER OF NIAGARA FRONTIER, NY, INC. to initiate debit entries to my checking account indicated below at the depository financial institution below, and to debit the same to such account.

_____ \$50 _____ \$100 _____ \$200 _____ \$500, other: _____ Starting on _____ day of _____, 20____

I would like my monthly donation to be withdrawn from my checking account. Please enclose a voided check or deposit slip.

Bank Name: _____ Branch Address: _____

Bank Account # _____ Bank Routing # _____

This authorization is to remain in full force and effect until the Jaffarya Center has received written notification from the above named account holder of its termination in such manner as to afford the Jaffarya Center and the depository financial institution a reasonable amount of time to act on it. I acknowledge that the origination of the transactions to my account must comply with the provisions of U.S. law.

Signature: _____ Date _____

DONATIONS FOR BUILDING FUND

I authorize JAFFARYA CENTER OF NIAGARA FRONTIER, NY, INC. to initiate debit entries to my checking account indicated below at the depository financial institution below, and to debit the same to such account.

_____ \$50 _____ \$100 _____ \$200 _____ \$500, other: _____ Starting on _____ day of _____, 20____

I would like my monthly donation to be withdrawn from my checking account. Please enclose a voided check or deposit slip.

Bank Name: _____ Branch Address: _____

Bank Account # _____ Bank Routing # _____

This authorization is to remain in full force and effect until the Jaffarya Center has received written notification from the above named account holder of its termination in such manner as to afford the Jaffarya Center and the depository financial institution a reasonable amount of time to act on it. I acknowledge that the origination of the transactions to my account must comply with the provisions of U.S. law.

Signature: _____ Date _____

All donations are tax deductible!

Note: The Jaffarya Center has received permission to use Khums (Sahmul-Imam) from all Maraje.