



Northwest Islamic Center
of St. Louis

10543 Lackland Rd, Overland MO 63114 Ph: 314-427-3900 <http://www.nwicstl.com>

Direct Debit Authorization

Name: _____

Address: _____

Phone: _____

Email: _____

I give permission to the Northwest Islamic Center to withdraw from my account the monthly pledge as indicated below. I understand that I may change or end this pledge at any time with a written notice.

I pledge a monthly donation of:

____ \$25 ____ \$50 ____ \$100 ____ \$150 ____ \$200 ____ \$____

Starting with the ____ 1st ____ 15th Day of _____, _____
Month Year

Account Information:

Financial Institution: _____

City: _____ **State:** _____ **Zip:** _____

Routing#: _____ **Account#:** _____

Please include a voided check for verification purposes

Authorized Signature

Date