

Annoor Islamic School

Automatic Payment Authorization Agreement

Please attach a voided check

I (we) hereby authorize the Annoor Islamic School of Wichita, Kansas to initiate debit entries to my (our) account indicated below:

- [\$25] [\$75] [\$200] [\$500] Monthly
 [\$50] [\$100] [\$300] Other: [\$_____] One Time

Bank Name _____

City _____ State _____ Zip _____

Account # _____ Checking Savings

Transit/Routing/ABA # _____

This authority is to remain in full force and effect until the **Annoor Islamic School** has received written notification from me (or either of us) of its termination, and in such time and in such manner as to afford the **Annoor Islamic School** a reasonable opportunity to act on it.

Signature _____ Date: _____

Please mail the completed form with your voided check to: **Annoor Islamic School**, P. O. Box 21272, Wichita, KS 67208