



Muslim Community of New Jersey, Inc.

ACH (Direct Withdrawal Payment Plan) Form

Authorization Agreement

I hereby authorize **Muslim Community of New Jersey, Inc.** to initiate automatic withdrawals from my account at the financial institution named below

This agreement will remain in effect until **MCNJ, Inc.** receives a written notice of cancellation from me or my financial institution, or until I submit a new ACH form to **MCNJ**.

The payment you have selected will be debited from your checking account on or shortly after the 1st of the month. If you no longer wish to pay by the Direct Withdrawal Payment Plan or change checking accounts you must notify **MCNJ, Inc.** in writing by the 25th of the month.

Please mail the completed form along with voided check to:

MCNJ Inc.
15 South Second Street
Fords, NJ 08863

Account Information

Name of Account Holder: _____

Address: _____

State: _____ Zip: _____ Phone: _____

Email Address: _____

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking Savings

Monthly Withdrawal Amount: \$100 \$50 **\$40** Other \$ _____

Signature

Authorized Signature (Primary): _____ Date: _____

Please attach a voided check and return this form to MCNJ Inc.