Muslim Association of Wyoming Valley

ACH Authorization Form

DONOR INFORMATION	
Full Name	_____
Address	_____ _____
City/State/ZIP	_____
Phone	_____
Email	_____

BANK ACCOUNT INFORMATION	
Bank Name	_____
Account Holder Name	_____
Routing Number	_____
Account Number	_____
Account Type	■ Checking ■ Savings

AUTHORIZATION DETAILS	
Amount	$_____
Frequency	▪ Monthly ■ Quarterly ■ Annually ■ One-Time
Start Date	_____
Designation	▪ Building Fund ■ General Fund ■ Pantry ■ Clinic ■ Other

I authorize MAWV to initiate ACH withdrawals from the account listed above according to the schedule selected. This authorization shall remain in effect until revoked in writing.

Signature	_____	Date	_____
MAWV Representative	_____	Date Received	_____