

IDARA-E-JAFERIA, INC.  
P.O.BOX 881  
BURTONSVILLE, MD 20866  
301-384-2903

**Electronic Funds Transfer Authorization**

I hereby authorize Idara-e-Jaferia, Inc. to directly debit from the bank account listed below in the amount specified. I have attached a voided check for the account specified below. This authorization is to remain in force until Idara-e-Jaferia, Inc has received written authorization from me of its termination or change.

I also grant Idara-e-Jaferia, Inc. the right to correct any Electronic Funds Transfer resulting from an erroneous overpayment by crediting my account to the extent of such overpayment.

Name: \_\_\_\_\_

Address – Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Bank Information -Account Type: Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank ABA Number: \_\_\_\_\_

Amount to be debited from this account: \$ \_\_\_\_\_ on the 10<sup>th</sup> day of each month.

Please deduct my annual membership from my monthly deposit (check box)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attach voided Check here**