



Urbana Muslim Association (UMA)
 3520 Sugerloaf Parkway, Suite F033
 Frederick, MD 21704
treasurer@umamd.org

Membership Direct Debit Form

Authorization Agreement

I hereby authorize the URBANA MUSLIM ASSOCIATION (UMA) to initiate a monthly automatic DEBIT in the following amount, from my account at the financial institution named below.

- | | | | |
|--------------------------------|--------------------------------|--------------------------------|--|
| <input type="checkbox"/> \$15* | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$500 |
| <input type="checkbox"/> \$20 | <input type="checkbox"/> \$75 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$1000 |
| <input type="checkbox"/> \$25* | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$300 | <input type="checkbox"/> Other Amount \$ _____ |

* A minimum of \$15 is required to become a member of UMA.

Please check if you want to become UMA member.

By Signing this membership form, I agree to abide by the By Laws of the UMA, and the decisions made by its Governing Council. Further, I agree not to hold the UMA responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution.

This agreement will remain in effect until the UMA receives a written notice of cancellation from me or my financial institution, or until I submit a new direct DEBIT form.

Personal & Family Information

Name:		Email:	
Phone:	Mobile:	Work:	
Spouse's Name:		Spouse's Email	
Phone:	Mobile:	Work:	
Address:		City / State:	
Number of people in the Household:			Zip:

Account Information

Name of Financial Institution:	
Routing Number:	Account Number:
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	

Signature

Primary Owner:	Signature:
Date:	
Joint Owner:	Signature:
Date:	

Valid Check or Deposit Slip

Please attached a void check or deposit slip to this form.

UMA Use Only

Member Number:

Authorization date: