

Muslim Community of Western Suburbs of Detroit
CHECK-O-MATIC Application

Please complete the information below.

FINANCIAL INSTITUTION NAME (PLEASE PRINT): _____

ACCOUNT NUMBER AT FINANCIAL INSTITUTION: _____

FINANCIAL INSTITUTION ROUTING NUMBER: _____

FINANCIAL INSTITUTION CITY AND STATE: _____

I authorize **Muslim Community of Western Suburbs of Detroit** to initiate electronic debit entries to my:
_____ checking account or _____ savings account
for payment of _____ (type of bill).

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

SIGNATURE: _____ Date: _____