

In the name of God, the Compassionate, the Merciful
The Islamic Society of Central Jersey

A Non-Profit Tax Exempt Organization, Tax ID # 22-2086228

4145 Rt. 1 South & Rt. 522
Mailing Address
P.O. Box 628
Monmouth Junction, NJ 08852-0628



Phone: 732 329 6995
Fax: 732 329 1988
Website: www.iscj.org
Email: ISCJAdmin@iscj.org

***Authorization Agreement for Direct Deposit of Payroll
Expansion Project***

COMPANY NAME: Islamic Society of Central Jersey (ISCJ)

I (we) hereby authorize ISCJ, hereinafter called COMPANY. To initiate credit entries to my (our) Checking () / Savings () account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) also authorize COMPANY to indicate debit entries to my (our) account where a credit has been initiated in error.

Effective Date: ----- **Please Attach A Void Check to this form**

DEPOSITORY: Bank Information			
NAME	_____	BRANCH	_____
CITY	_____	STATE	_____
Routing #	_____	Account #	_____

This authorization is to remain in full force and affect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

MAME(S) Last _____ First _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

TEL. Home _____ **Work** _____

Cell _____

Signature _____ **Date** _____

Monthly Deposit to Expansion Account:
() \$1,000 () \$500 () \$250 () Other: \$ _____