Mosque Renovation Fund Direct Debit Authorization

Email Address Bank Account Information Bank Name Account Holder Name Account Number BAN Donation Details Monthly Donation Amount Start Date Authorization	Donor Information Full Name
Email Address Bank Account Information Bank Name Account Holder Name Account Number BAN Donation Details Monthly Donation Amount Start Date Notes (if any) Authorization I authorize the mosque to debit my account as specified above. Signature	
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Date	Signature
	Date

Note: Please return this form to the mosque administration.