

Darul Uloom of Seattle

Direct Deposit Authorization form

On behalf of (student name) _____

I _____ authorize Darul Uloom of Seattle to charge \$335 on 10th day of every month until canceled (open-ended authorization)

With first payment date: _____ /202__

from my Bank account number: _____

Bank Routing #: _____ (Please attach voided check)

Billing Address: _____

Phone: _____ Email: _____

Please make sure to fill in all fields including phone number and email.

Signature: _____ Date: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Darul Uloom of Seattle 1135 147th PL NE, Bellevue WA 98007 Phone: 425-351-5668 of any changes in my account information or termination of this authorization at least 15 days prior to next billing date. There will be no prior notification before each charge; payment will appear on bank statement as “ACH Withdrawal Darul Uloom of Pacific Northwest. Actual transaction date can be 7 working days after date specified. In the case of ACH Transaction being reject for Non-Sufficient funds (NSF) I understand that Darul Uloom may at its discretion attempt to process the charge again, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transaction to my account must comply with the provisions of U.S. Law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms in this authorization form.