



Contact Information

5047 DEER CREEK PL.
INDIANAPOLIS, IN 46254
TEL: 314-665-7049
EMAIL:INFO@ALHUSSNAIN.ORG

ACH Recurring Payment Authorization Form

“Those who spend their money in the night and in the day, secretly and openly, they will have their reward with their Lord, there is no fear over them nor will they grieve.” [Quran 2:274]
Rasulullah (S) said, “The charity you give will be your shade on the day of Judgement.”

I, _____ authorize Alhussnain Inc. to
(full name)
charge my bank account indicated below with the first payment
on _____ and each subsequent payment on the _____ of each
(Start date)
_____ in the amount of \$ _____ for payment of my account.
(Day or date) (Pay amount)

Please complete the information below:

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: Checking
Name(s) on Acct _____
Bank Name _____
Bank Routing # _____
Account Number _____
Bank City/State _____



ALL BLANKS MUST BE COMPLETED FOR THE FORM TO BE VALID

All payments are tax-deductible. Our Tax I.D. is; 46-330022

SIGNATURE _____

DATE _____

May Allah reward you greatly for your generous donation.