The Islamic Center of Greater Austin (ICGA)
5110 Manor Road
Austin, Texas 78723
Ph. (512) 926-9221

I C G A
Deduction Form

Amount to be Charged

☐ One Time Charge	☐ [$5000.]	☐ [$2500.]	☐ [$1000.]	Others $ _____
☐ Monthly Charge	☐ [$500.]	☐ [$250.]	☐ [$100.]	$ _____

Credit Card Information

☐ Master Card ☐ Discover
☐ American Express ☐ Visa
Card Expires on mm ☐☐ yy ☐☐

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Bank Account Information, (Please include **voided** check for monthly Auto-Withdrawal.)

Your Account number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Bank Routing Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Personal Information

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ E-Mail _____

Authorization

I hereby authorize The Islamic Center of Greater Austin (ICGA) to charge my account as shown above.

Signature _____ Date Signed _____

ICGA Use Only

Date Started _____ Date Ended _____

Record # _____ Total Amount _____