

ELECTRONIC FUNDS TRANSFER PAYMENT AUTHORIZATION FORM

DONOR INFORMATION

224.602.4010

finance@ahlanbridge.org

220 N. Green St.
Chicago, IL 60607

LAST NAME: _____ FIRST NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____ PHONE: _____

BANK INFORMATION

Bank Name: _____ Bank Phone: _____

Bank Routing Number: _____ Bank Account Number: _____

The mission of The Ahlan Bridge is to foster understanding & connection between Westerners & Arab & Persian Muslims & Christians through creating immersive experiences both in Chicago & in the Middle East that help us practice listening longer than comfortable to anyone from anywhere & build a lifelong friendship no matter our similarities or differences.



SEE



IMMERSE



CONTEND



RESTORE



THE
AHLAN
BRIDGE

www.ahlanbridge.org

Please enclose a check to "The Ahlan Bridge" with your first month's giving OR a VOIDED CHECK to begin giving with the next month.

Subsequent month donations will be automatically transferred through EFT. I authorize The Ahlan Bridge to initiate recurring Electronic Funds Transfers, as indicated on this form. This permission to charge my bank account is the same as if I had personally signed a check to The Ahlan Bridge.

This agreement will remain in effect until:

1. I write a note or call The Ahlan Bridge to notify them to end this agreement, and they have had a reasonable amount of time to act on it; OR
2. The Ahlan Bridge or my bank sends me 10-days written notice that this agreement will end.

In the event of an error, I have the right to tell my bank to reverse any transfer. However, I must tell them in writing within 15 days of the bank statement, or within 45 days of the transaction date.

I understand and agree that my bank is responsible for the accurate and timely posting of my transferred gift(s). In the event of an amount error, or double posting error, I will handle this problem directly with The Ahlan Bridge. I have read, understood, and agree with the information on this form, and have attached my completed check for the first month's giving to this form.

I prefer to have my gift transferred at the _____ of each month. (please circle one):

Beginning (~5th)

Ending (~25th)

Signature: _____

Date: _____

Thank you for your support of The Ahlan Bridge. Through your contribution, you are joining the story of us in helping to create bridges between Westerners & Arab & Persian Muslims & Christians.

Please print, complete, and sign this form. Then give it to your Ahlan Bridge staff member, or mail to:

The Ahlan Bridge Donations
220 N. Green St.
Chicago IL 60607

Please direct any questions to finance@ahlanbridge.org. The Ahlan Bridge is a 501(c)3 tax-exempt nonprofit mission organization.



www.ahlanbridge.org



SEE



IMMERSE



CONTEND



RESTORE