



ICB MONTHLY AUTO-DEBIT FORM

Name		
Address		
Phone		
Email		
Amount	\$	
Account type	<i>Personal</i>	<i>Business</i>
<p>I hereby authorize ICB to debit my checking/saving account for the frequency & amount as indicated above on each month starting immediately. This will continue until I stop by submitting a written notice of 30 days in advance to ICB.</p>		
Signature		
Required	ATTACH A BLANK CHECK MARKED "VOID" WITH YOUR SIGNATURE	
Email to:	icbflorida@gmail.com - Attach the scan copy of void check in email	
Or SMS to:	650-741-4214 - Attach the scan copy of void check in text message	
Or Mail to:	8658 NW 44 TH ST. SUNRISE FL 33351	
<p style="text-align: center;">ISLAMIC CENTER OF BROWARD INC. (ICB) Non-Profit Tax-Exempt 501.C3 <i>Address: 8658 NW 44TH ST. SUNRISE FL 33351 [Ph. 650-741-4214]</i></p>		