

PLEDGE FORM

Omar Ibin Said Leadership Academy

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FEDERAL TAX ID#: 26-1252241

PRE-AUTHORIZATION FORM

NAME: _____
First Middle Last

ADDRESS: _____

CITY/STATE: _____ PHONE: (____) _____

I hereby authorize OISLA, to debit my checking account for monthly payments on approximately the tenth (10th) of each month. This will continue until I decide to stop by submitting a written notice 30 days in advance to Darul-Uloom Al-Madania Inc.

CONTINUOUS MEMBERSHIP

AMOUNT DRAFTED MONTHLY _____ \$ _____.

BANK'S NAME: _____

CHECKING ACCOUNT NUMBER: _____

SIGNATURE: _____ DATE: _____

Please enclose a blank check marked "VOID" and signed.
