

Islamic Association of Arabi

AL-HAMEED BOYS' ACADEMY

Electronic Funds Transfer

Student Name: 1) _____

2) _____

3) _____

Account Holder's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Tel: _____ Email: _____

I authorize Islamic Association of Arabi to debit registration/tuition fees from my checking account.

A/C # _____ Routing # _____

Signature: _____ Date: _____

