



HIFZ Program (Full time / Part time)

Islamic Center of Frisco • 11137 Frisco Street; Frisco, TX. 75033
(469) 252-4532 • www.friscomasjid.org

Recurring Payment Authorization Form

Schedule your Islamic Center of Frisco Hifz program tuition payment to be automatically deducted from your bank account or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Here's How Recurring Payments Work:

By signing below and providing your information, you authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice prior to the payment being collected.

Please complete the information below:

I, _____ (cardholder name) authorize **Islamic Center of Frisco (ICF)** to charge my credit card indicated below for \$ _____ for payment of my child(ren)'s tuition payment for the Hifz program.

Billing Address _____ Phone# _____

Billing City, State, Zip _____ Email _____

Checking/ Savings Account


Checking Savings

Bank Name _____ Bank City/State _____

Name on Acct _____

Account # _____

Bank Routing # _____



Credit Card

Visa MasterCard Amex Discover

Cardholder Name _____

Account Number _____

Exp. Date _____ CVV _____

Billing Zip Code _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **ICF** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **ICF** may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$35 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.