

¹TRANSFER AUTHORIZATION FOR MUSLIM EDUCATIONAL TRUST
PHONE: (503) 228-3754 / (503) 579-6621
FAX: (503) 590-0201 / (503) 228-1273

Retail Center US BANK SW 4th AND HARRISON BRANCH Date _____

Prepared by _____

I hereby authorize you to perform the following transfer:

Debit deposit account: _____ RT: _____
Institution: _____

Credit deposit account: 153-603-717197 RT: 123-000-220

Amount of transfer request:

\$10.00___ \$25.00___ \$50.00___ \$100.00___ \$200.00___
\$500.00___ \$1000.00___ \$10,000.00___ Other_____

The transfer should be made:

Daily

Weekly: Monday Tuesday Wednesday Thursday Friday

Monthly: First transfer date: _____ Second transfer date: _____
(Date of 31 indicates the last day of the month)

Quarterly: (Every March 31, June 30, September 30, December 31)

Semi-
Annually: (Every June 30, December 31)

Annually: Transfer Month/Day: _____

Begin date: _____ End date: _____
(Note: If end date is not indicated, authorization remains in effect until canceled in writing)

Signature: _____

¹ Please include signed voided check with the amount shown