DONATION TRANSFER AUTHORIZATION[1] FOR THE MUSLIM EDUCATIONAL TRUST (MET)

Phone: (503) 579-6621
Fax: (503) 590-0201

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

Prepared by _____

I hereby authorize MET to perform the following transfer:

Debit deposit account: _____ RT: _____
Institution: _____

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

Amount of transfer request (please check one):
$10.00___ $25.00___ $50.00___ $100.00___ $200.00___
$500.00___ $1,000.00___ $10,000.00___ Other_____

Transfer should be made (please circle one and fill out the required information):

- Daily
- Weekly: Monday Tuesday Wednesday Thursday Friday
- Monthly: 1st transfer date: _____ 2nd 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: _____

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

Signature: _____

[1] Please include a signed voided check with the amount shown.