

In the name of God, Most Gracious, Most Merciful

ISLAMIC ASSOCIATION OF MICHIGAN

18105 Racho Road - Brownstown - MI 48193

(734) 281-8050

QURAN CLASS FEE PAYMENT:

Name: _____ Student(s) Name(s): _____

Telephone: () _____

Address:

Bank Name: _____ Account No _____

Routing Number: _____ E – mail Address: _____

OPTION 1: Check for the amount of _____ enclosed as full payment for the year _____.

Please make checks payable to IAM.

OPTION 2: QURAN CLASS MONTHLY FEE PAYMENT: (PLEASE INCLUDE A VOIDED CHECK)

I authorize IAM to draw a monthly amount of \$ _____ from my account, towards fee for Quran class.

OPTION 3: ONE- TIME DEDUCTION: (PLEASE INCLUDE A VOIDED CHECK)

I authorize IAM to draw a the amount of \$ _____ from my account, towards fee for Quran class for the year _____

Signature and Date: _____