



**AZZAD**<sup>®</sup>

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

In order to create your Electronic Funds Transfer (EFT) link, please complete the information on this form, sign the form and send back to us either by mail: Azzad Asset Management Attn: Operations 3141 Fairview Park Dr. Ste 460 Falls Church, VA 22042 or fax: 703-852-7478 Attention: Operations. After your EFT link is established, we will send you a confirmation by email to your email address on record. Please note: monthly EFTs require at least 5 business days for processing. Please call us at (703) 207-7005 should you have any questions.

**Your Account Information:**

\_\_\_\_\_  
Name(s) of primary account holder

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Account Type

\_\_\_\_\_  
Account Number

**Your EFT Instructions:** Choose one option below.

Please deposit \$ \_\_\_\_\_ on the  1st or  20<sup>th</sup> of each month beginning with the month of \_\_\_\_\_.

Please deposit \$ \_\_\_\_\_ on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ one time transfer.

**Your Bank Account Information:**

Type of Account (please check one). Please note that some banks use a different routing number than printed on your check. You should confirm with your bank your ACH instructions:

Checking/Money Market

Savings

\_\_\_\_\_  
Account Holder Name(s)

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Bank Routing Number (usually 9 digits found on the bottom of your checks)

\_\_\_\_\_  
Account Number

**Authorization:**

I authorize Azzad Asset Management representative to electronically transfer funds to and from my Foliofn account to the bank or financial institution that I request an EFT link to be established with. I agree to indemnify and hold harmless Foliofn, Reich and Tang, and Azzad Asset Management, Inc. for any loss, liability, or expense incurred from acting on these instructions. I may terminate this authorization at any time by deleting the EFT link through the Foliofn Website. By signing below, I (we) acknowledge having read and agreed to the terms and conditions stated above.

\_\_\_\_\_  
Signature(s)

\_\_\_\_\_  
Date