



AMEEN HOUSING CO-OPERATIVE OF CALIFORNIA, INC.

2060 Walsh Avenue, Suite 101, Santa Clara CA 95050

Phone: 408-986-9786 Fax: 408-986-9787 Website: www.ameenhousing.com

Withdrawal Policy

1. In general, Ameen Housing Co-op (AHC) has a policy of issuing payment within **3 business days** upon receipt of a written request for withdrawal of funds.
2. Ameen Housing Co-op is primarily chartered to help Brother/Sisters buy their homes riba-free. So majority of the funds remain invested and therefore may delay the funds withdrawal in the amount greater than **US\$100,000**.
3. Use the attached “application to withdraw funds” to withdraw funds from your account.
4. For **Custodial Membership Accounts**, **ONLY** the parent or legal guardian who signed the original Application Form **AND** is an AHC member is **authorized to withdraw funds**.
5. If you withdraw funds from your account (even if your name is on “HOLD” on the AL) and the balance falls below the minimum required, **you could lose your position on the “Active List”**. See Regulation for details.
6. Completely filled out and duly signed Withdrawal applications are accepted with copy of Drivers License Email to support@ameenhousing.com or **Faxed: 408-986-9787** dropped off to the office in person or can be mailed to:

AMEEN HOUSING CO-OP

2060 WALSH AVENUE, STE 101, SANTA CLARA, CA 95050



AMEEN Housing Co-operative of California Inc

Investing in the Community

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDIT) {Withdrawal from Ameen}

Member's Full Name: _____
(First) (Middle) (Last)

Members - Ameen Housing ACCOUNT NUMBER _____ (all 8 digits)

I hereby authorize Ameen Housing Cooperative of California Inc, to initiate credits indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U. S. law.

Entries to my (our) Checking / Savings account (select one)

Homeowner: Each such credit shall be made on the first day of each month in the amount listed here

• Homeowner Monthly Rent, Equity and Admin fee • Homeowner Extra Equity \$ _____

Investor: Each such credit shall be made Weekly Twice a month Monthly Quarterly

• Investor \$ _____ One time only

Name of Your Bank (Full Name Please): _____

BRANCH _____ CITY _____

STATE _____ ZIP _____

YOUR BANK ROUTING NUMBER _____ (Please Enter Full Number)

ACCOUNT NO.: _____ (Please Enter Full Number)

This authorization is to remain in full force and effect until Ameen Housing has received written notification from me (or either of us) of its termination in such manner as to afford Ameen Housing and DEPOSITORY a reasonable opportunity to act on it. ***Please affix a VOID CHECK and Copy of DL on page # 2**

NAME (S) _____
(Please Print)

DL NUMBER _____

DATE _____ SIGNED X _____

SIGNED X _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Please affix a VOID CHECK

Please affix your DL

