

AUTOMATIC WITHDRAWAL FORM FOR-AUTHORIZED PAYMENT

مركز الصراط المستقيم الإسلامي

The Straight Path Islamic Center

13-105 Kennedy Road south, Brampton, Ontario

1 (905)782-4386 www.thestraightpath.ca

info@thestraightpath.ca

All donations made to the Masjid are tax deductible: charity # 839117736RR0001

First Name: _____ Last Name: _____ Street No: _____

Address: _____ Suite/Apt#: _____ City: _____ Province: _____

Postal Code: _____ Home Ph#: _____ Mobile: _____ Email: _____

\$1,000 \$500 \$250 \$100 Other \$ _____
 Yes, I wish to help with \$10 Yes, I wish to help with \$100/month
 Yes, I wish to help with \$50/month Yes, I wish to help with \$20 /month

3-Digit Bank# _____ : 5-Digit Bank#: _____ Account #: _____

This donation is made on behalf of: an Individual _____ a Business _____

I may revoke my authorization at any time, subject to providing notice of 30 days to THE STRAIGHT PATH ISLAMIC CENTER to obtain a sample cancellation form, or for more information or my right to cancel a PAD Agreement; I may contact my financial institution or visit www.cdnpay.ca.

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I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

****Please attach A VOID cheque:***

I authorize THE STRAIGHT PATH ISLAMIC CENTER to process a debit, in paper, electronic or other form in The amount shown above on my account on the 15th day of each and every month, beginning _____, 20_____. I acknowledge that I have read and understood all the provisions contained in the terms and conditions of the pre-authorized payment authorization noted below.

SIGNATURE OF ACCOUNT HOLDER: _____ DATE: _____

ELECTRONIC FUNDS TRANSFER PRE-AUTHORIZATION TERMS & CONDITIONS

I (we) authorize the Payee to debit my (our) account as indicated on the attached "VOID" cheque under the terms & conditions agreed to by me (us) with the Payee until such time as written notice to the contrary is given. I (we) acknowledge that delivery of my (our) authorization to the Payee constitutes delivery by me (us) to the branch of the financial institution at which I (we) maintain an account and that such financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization. I (we) may revoke this authorization at any time by delivering a written notice of revocation to the Payee. I (we) will notify the Payee of any changes in the account information or termination of this authorization 15 days prior to the next due date of the pre-authorization debit. Items charged under any of the following conditions will be reimbursed subject to written notification by me (us) to the branch of account within 90 days: • I (we) never provided authorization to the Payee • The pre-authorization debit was not drawn in accordance with my (our) authorization • My (our) authorization was revoked • The debit was posted to the wrong Account due to invalid/incorrect account information supplied by the Payee I (we) warrant that all persons whose signature(s) are Required to sign on this account have signed above on this Electronic Funds Transfer Pre-Authorization.

***Note: that we will issue a tax receipt for your donations to the address provided above. Please notify us of any changes in your mailing address May Allah reward you tremendously for your generously**