PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

PERSONAL INFORMATION

Today's Date: _____

Name:_____ Tel: _____

Address:_____ City:_____

Prov:_____ Postal Code:_____ Email:_____

GIFT INFORMATION

Amount contribution: $_____ ☐ Monthly ☐ One Time

Note: This contribution will be received by Al Arqam Islamic Centre on the 1st day of each month or the next business day.
*This authority is to remain in full force and effect until Al Arqam Islamic Centre has received written notification from me of its termination in such time and in such manner as to afford Al Arqam Islamic Centre and its financial institution a reasonable opportunity to act on it. I agree to inform Al Arqam Islamic Centre in the event of any changes to my contact or financial information. *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.

METHOD OF GIFT CONTRIBUTION:

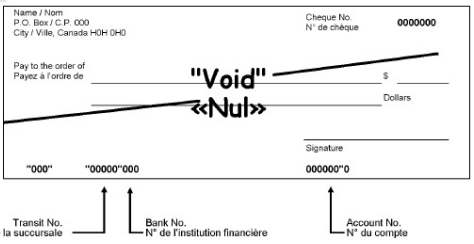
Chequing Account Information

I authorize Al Arqam Islamic Centre to debit my chequing account for the amount and frequency I have instructed above, and to credit or adjust debits, if necessary, to the checking account indicated.

Financial Institution Information:

Inst. No.: |___|___|___| Transit No.: |___|___|___|___|___|

Account No.: |___|___|___|___|___|___|___|___|___|___|___|___|



*Important: Include a VOID CHEQUE with this form.
Please do not fill out or sign the cheque. Deposit / withdrawal slips cannot be accepted.

Credit Card Information

I authorize Al Arqam Islamic Centre to debit my credit card for the amount and frequency as I have instructed above, and to credit or adjust debits, if necessary, to the credit card account indicated.

☐AMEX ☐MasterCard ☐VISA

Card No: |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| Exp. Date: |___|___| CVV: __|__|__

Signature: _____

Al-Arqam Islamic Centre
1709 Harmony Road North
Oshawa, ON L1K 0Z8

Charity Registration number:
775364334 RR 0001

☎ **(289) 356-3026**
www.alarqam.ca