

Pre-Authorized Debit Agreement

I _____ want to support the London Muslim Mosque _____ Date _____
through pre-authorized monthly donations.

Please direct my donations toward **Weekend London Islamic School**

Donation amount 70 130 160 210 250

Include books and supply fee to my monthly withdrawal from October - January

Please debit my bank account (attach VOID cheque)

You will receive a donation tax receipt for the amount of your donation that is directed towards Weekend London Islamic School tuition fees. Please complete the information below for the information that you would like on your receipt.

Donation Receipt Name

E-mail

Phone

Street

Unit or Apt #

Address

City

Province

Postal Code

Signature

I may revoke my authorization at any time, subject to providing notice of 15 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca

I have certain recourse rights if any debit does not comply with this agreement. For example, I the signer above 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, I may contact my financial institution or visit www.cdnpay.ca

Attach VOID
Cheque or include
Banking Information

Account Holder's Name

Account Number

Transit Number

Institution Number