

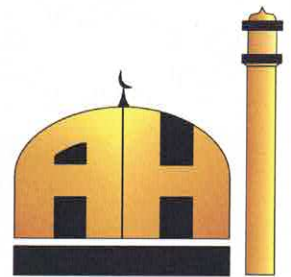
Al-Hedaya Islamic Centre

Your Authentic Source of Learning Al-Islam

www.alhedayacentre.ca

info@alhedayacentre.ca

108 Savanna Ave NE, Calgary, AB T3J 4E4



Pre-Authorization Debit (PAD) Agreement:

I commit to supporting Al-Hedaya Islamic Centre of Northeast Calgary (AHIC) (Charitable Registration #: 81489 8896 RR0002) with monthly donations. By signing below, I authorize AHIC to withdraw funds from my bank account on the _____ day of every month.

Please debit my bank account: (void cheque attached)

☐ \$50 ☐ \$100 ☐ \$250 ☐ \$500 ☐ \$1000 ☐ Other _____

For the duration of

☐ 12 Months ☐ 24 Months ☐ 36 Months ☐ 48 Months ☐ 60 Months ☐ Life

Please Choose Method 1 or Method 2:

☐ Method 1 – Direct Bank Transfer

Bank:

Bank Code: (3 Digits)

Transit #: (5 Digits)

Account: (7 Digits)

Bank Account Name:

Payment Amount per Month:

\$

☐ Method 2 – Automatic Credit Card Transfer

Visa / Master Card No. :

Expiry Date:

CSV #

Card Type

☐ Visa ☐ M/Card ☐ Debit

The authority granted herein shall remain in effect until Al-Hedaya Islamic Centre receives written notification from me regarding any changes or termination of this agreement. Such notification must be received at least 20 business days prior to the scheduled debit.

I retain certain recourse rights. In the event that any debit does not comply with the terms of this agreement, including unauthorized debits or those inconsistent with my PAD agreement, I reserve the right to seek reimbursement. Please contact us at treasurer@alhedayacentre.ca, and we will promptly address the matter.

Furthermore, I reserve the right to cancel this agreement at any time by sending a notification email to treasurer@alhedayacentre.ca. Upon receipt of such notification, the Pre-Authorized Debit (PAD) authorization will be terminated within 30 days.

Donor Information:

Name/s:

Tel No.

Home Address:

City:

Province:

Post Code:

Email Address:

Signature:

Date:

Office use

Al-Hedaya Representative's Name

Signature:

Date: