Darul-Uloom Canada

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PRE-AUTHORIZED DEBIT (PAD) FORM

Donor Information

Donation by:		
Name:		
Business (if applicable):		
Address:		
City:	Province:	Postal Code:
Phone:	Fax:	Mobile:
Email:		
I hereby authorize Darul Uloom Canada to debit my account for monthly payment (attach VOID		
cheque) on approximately the eighth (8 th) of each month beginning fromdd/mm/yyyy		
Amount pledged:\$25\$50\$75 other Amount \$, (please specify).		
•I undertake to inform Darul Uloom Canada, in writing, of any change in the account information provided in this authorization prior to the next due date of the pre-authorized debit.		
 This authorization may be cancelled at any time by me. I acknowledge that, in order to revoke this authorization, I must provide written notice of revocation to Darul Uloom Canada at least (10) ten business days prior to next scheduled debit date. 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 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. 		
X		
Signature of account holder	Name (please print)	Date (dd/mm/yyyy)

Please send this PAD agreement and a **VOID CHEQUE** via email, fax or mail at the above mentioned address.