



Calgary Islamic Centre SW (CICSW)

5615 14 Ave SW, Calgary, AB T342E8

403-242-1637 | swmasjid@telus.net | info@cicsw.ca | www.cicsw.ca

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

I want to support MAC-CICSW through monthly donations. By signing this agreement, I authorize CICSW to debit my bank account monthly on the _____ day of the month.

Please debit my bank account: (attach VOID Cheque):

\$50 \$100 \$500 \$1000 Other Amount \$ _____

For the purpose:

General Donation Sadaqa Zaakat

Pre-Authorized Cheque/Debit <input type="checkbox"/>	Name on Account:		Billing Cycle: Monthly
	Account #	Bank #	Transit #
	Type of Donation: Personal <input type="checkbox"/> Business <input type="checkbox"/>		Void Cheque Received <input type="checkbox"/>

I authorize **CICSW** to charge the credit card listed below for the amounts set forth above,

Credit Card <input type="checkbox"/>	Cardholder Name:		Billing Cycle: Monthly
	Card #		Expiration Date:
	Type of Card: VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/>	Payment date of Month:	

This authority is to remain in effect until **MAC-CICSW** has received written notification from me/us of its change or termination. This notification must be received at least twenty (20) business days before the next debit is scheduled at the address provided above. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.payments.ca

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

Donor Signature(s):

Date:

Donor Information:

Donor Name(s):

Tel No.

Email Address:

Home Address:

City:

Province:

Post Code:

CICSW Authorized Signature(s):

Date:

5615 14 Ave SW, Calgary, AB T3H 2E8

Tel: (403) 242-1637

Email: swmasjid@telus.net or info@cicsw.ca

Note: Forward this completed form to CICSW via Mail (or) in person (or) email, please keep a copy for your records.