



MASJIDUR RAHMAH



Pre-authorized Debit(PAD) Agreement

Name: _____ **Address:** _____

City: _____ **Postal Code:** _____

Phone #: _____

Monthly Pledge: \$25 \$50 \$75 Other Amount\$ _____(Specify)

I, _____ (Account Holder) authorize **Downtown Toronto Community Centre/Masjidur Rahmah** to withdraw the above amount from my account on the _____ day of each month or the next business day.

(Please attach a void cheque or fill the Bank information below).

Name of the Bank _____ Institution/Bank No. _____

Transit No. _____ Account No. _____

This donation is made on behalf of: _____ **an Individual** _____ **a Business**

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.

Downtown Toronto Community Centre
328 Parliament Street
Toronto, ON, M5A 2Z7
Tel: 647-710-2381
E-mail: masjidurrahmah@gmail.com

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.

Signature of payor (Account Holder)

Date

THANK YOU FOR YOUR GENEROSITY