



# BAITUL JANNAH ISLAMIC CENTER

2740 Kingston Road  
SCARBOROUGH, ON M1M 1M7  
TEL: 647-930-1917

Charity # 8026060877RR0001

Email: Info\_bjic@yahoo.com

## Pre Authorized Payment Form

### Personal Information:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE -Res: \_\_\_\_\_ PHONE -Bus/cell: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

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

I may revoke my authorization at any time,subject to providing notice of 30 days.

To obtain 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](http://www.cdnpay.ca)

### Donation Selection:

I hereby pledge to donate Baitul Jannah Islamic Center(BJIC):

(Please cross appropriate box)

\$30     \$50     \$75     \$100     Other \$ \_\_\_\_\_

by means of the following:

#### Monthly

Post dated cheques submitted  
 Enrol me in pre-authorize debit

#### Single Payment

Cheque attached

(Please complete the pre-authorization form below or submit a void cheque with this form signed below)

Please make Cheques payable to Baitul Jannah Islamic Center

Withdrawal date of every month \_\_\_\_\_  
 End date of donation \_\_\_\_\_

### Monthly Pre-Authorization Form

I give permission to Baitul Jananh Islamic Center to withdraw from my Bank account the monthly pledge that I have indicated Above.

I understand that I may be able to extend or end this agreement at any time with written notice to Baitul Jananh Islamic center.

#### Bank Information:

Bank: \_\_\_\_\_ Transit: \_\_\_\_\_ Account Number: \_\_\_\_\_

Account Holder Name(S): \_\_\_\_\_

Account Holder Signature(S): \_\_\_\_\_

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 the PAD agreement.To obtain more information on my recourse rights, I may contact my financial Institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

\_\_\_\_\_  
SIGNATURE(as on the financial institution account/card)

\_\_\_\_\_  
DATE