



# AL ZAHRA SHIA ASSOCIATION OF WATERLOO REGION

300 Mill Street, Unit 10-A, Kitchener, ON N2M 3R8 Ph: 519-208-5631

## Pre-Authorized Debit (Electronic Funds Transfer) Form.

Date:

I want to support \_\_\_\_\_ through  
(please specify purpose of your donation e.g: operating cost/building fund etc.)

biweekly \_\_\_\_ or monthly \_\_\_\_ donations.

Please debit my bank account (attach void cheque)

\_\_\_\_ \$25

\_\_\_\_ \$50

\_\_\_\_ \$100

----- \$200 or

Other Amount \$ \_\_\_\_\_ (please specify)

My preference that the debit be processed on every \_\_\_\_\_ day of the month.

Signature \_\_\_\_\_

Donor's Full Name \_\_\_\_\_

Address/Contact Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This donation is made on behalf of \_\_\_\_\_ an Individual \_\_\_\_\_ a business

I understand that may revoke my authorization at any time, subject to providing notice of 30 days by sending an email to [financa@alzahra.ca](mailto:financa@alzahra.ca). 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](http://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.