



AL ZAHRA SHIA ASSOCIATION OF WATERLOO REGION

PO Box 33043 Ira Needles Blvd, Waterloo ON N2T 2M9 Ph: 519-208-5631

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

Date: _____

I want to contribute towards _____ through
(please specify purpose of your contribution e.g: membership, operating cost/building fund etc.)

biweekly ____ or monthly ____ donations.

Please debit my bank account (**PLEASE ATTACH VOID CHEQUE**)

____ \$25

____ \$50

____ \$100

Other Amount \$ _____ (please specify)

My preference that the debit be processed on every _____ day of the month from

_____ to _____
(Month & Year) (Month & Year)

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. 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.

Helpful