



AL ZAHRA SHIA ASSOCIATION OF WATERLOO REGION

204 Madison Ave S, Kitchener ON N2G 3M8

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

Date: _____

I want to contribute towards (select below):

___ Membership ; ___ Operating cost ; ___ Food Bank ; Other (Please Specify) _____

through biweekly ___ or monthly ___ donations.

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

___ \$5

___ \$50

___ \$10

___ \$100

___ \$25

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 OR _____ 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