

Mandatory Pledge with Membership



Details:

Name: _____ Telephone: _____

Address: _____

Email Address: _____

CANADIAN Bank or Financial Institution:

Bank Name: _____

Branch Address: _____

Account Number: _____ Transit Number: _____

Please designate your monthly donation:

1.	\$	4.	\$
2.	\$	5.	\$
3.	\$	6.	\$

I authorize the Bani Hashim Society to process a debit in the amount of \$ _____ on my account on the _____ day of each month beginning on the date of ____ / ____ / ____ (yyyy/mm/dd). I have read and understood all the provisions contained in the terms and conditions of the PAD agreement.

Signature *Date*

Terms and Conditions

(Keep a copy for your records)

- I authorize the Bani Hashim Society to debit my account as indicated on the attached VOID cheque
- I agree to the terms and conditions with the Bani Hashim Society until such time as written notice to the contrary is given
- I acknowledge that delivery of my authorization to the Bani Hashim Society constitutes delivery by me to the branch of the financial institution at which I maintain an account. My financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization.
- Each payment shall be the same as if I had personally issued a cheque authorizing the bank to pay MSC Canada as indicated and to debit the amount specified to my account.
- I will notify the Bani Hashim Society in writing of any changes in the account information or termination of this authorization prior to the next due date of the pre- authorized debit.
- I warrant that all persons whose signatures are required to sign on this account have signed this PAD form.

900 Eglinton Ave East, Mississauga, ON L4W 5S1 , www.banihashim.org , info@banihashim.org

Please attach your cheque to this form