



# MONTHLY PLEDGE FORM

Unit 107 & 108, 515 Goderich street. Port Elgin, Ontario, N0H 2C4

Amount \$	Last name	First name
Street number	Street name	Apartment/Unit
City	Province	Postal code
Telephone number (       )	E-mail address	

**Type of Service:** Personal (i.e. Charity - Donations)

## **Authorization to Honour Cheques Drawn By Jamia Imdadia (Port Elgin Islamic Centre) - Bank Information**

Name of bank	Account number	Transit number
Street number	Street name	
City	Province	Postal code

You are hereby requested and authorized to pay and debit my account all cheques drawn on you on my behalf and made payable to Jamia Imdadia (Port Elgin Islamic Centre) and presented to you for payment. - In consideration of your acting as aforesaid, it is agreed that your treatment of each cheque and your rights shall be the same as if it were signed by me personally authorizing and requesting you to pay and credit such amount to the said account and failure to pay shall give no rise to liability on your part regardless of the forfeiture or damage. - Any delivery of this request to the Bank will constitute delivery by me. I may revoke my authorization at any time, subject to providing 30 days notice. 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. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

Date (MM/DD/YYYY)

Signature

Completed form can be:

-Emailed to [PORTELGINMC786@GMAIL.COM](mailto:PORTELGINMC786@GMAIL.COM)

Or

-Dropped of in the Donation Box in Musallah.

Or

-Given to Mujtaba Sirdar or Musallah's Imaam