



AL-BAAQI FOUNDATION

200-1950 Broad Street, Regina, SK S4P 1X9
(306) 569-7773 | donate@albaaqi.ca | info@albaaqi.ca | www.albaaqi.ca

PRE-AUTHORIZED DEBIT AGREEMENT

I want to support AL-BAAQI MASJID through monthly donations. By signing this agreement, I authorize AL-BAAQI FOUNDATION to debit my bank account monthly on the _____ day of the month.

Please debit my bank account: (attach VOID Cheque):

\$50 \$100 \$500 \$1000 Other Amount \$ _____

For the purpose:

General Donation Sadaqa Zaakat

Pre-Authorized Cheque/Debit <input type="checkbox"/>	Name on Account:		Billing Cycle: Monthly
	Account #	Bank #	Transit #
	Type of Donation: Personal <input type="checkbox"/> Business <input type="checkbox"/>		Void Cheque Received <input type="checkbox"/>

I authorize AL-BAAQI FOUNDATION to charge the credit card listed below for the amounts set forth above,

Credit Card <input type="checkbox"/>	Cardholder Name:		Billing Cycle: Monthly
	Card #		Expiration Date:
	Type of Card: VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/>	Payment date of Month:	

This authority is to remain in effect until AL-BAAQI FOUNDATION has received written notification from me/us of its change or termination. This notification must be received at least thirty (30) days before the next debit is scheduled at the address provided above. I/We may obtain a sample cancellation form, or more information on my/our right to cancel Pre-Authorized Debit Agreement at my/our financial institution or by e-mailing at donate@albaaqi.ca.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/We have the right to receive reimbursement for any Pre-Authorized Debit that is not authorized or is not consistent with this Pre-Authorized Debit Agreement. To obtain a form for Reimbursement Claim, or for more information on my/our recourse rights, I/We may contact my/our financial institution.

Donor Signature(s):

Date:

Donor Information:

Donor Name(s):

Tel No.

Email Address:

Home Address:

City:

Province:

Post Code:

AL-BAAQI FOUNDATION Authorized Signature(s):

Date:

200-1950 Broad Street, Regina, SK S4P 1X9

Tel: (306) 569-7773

Email: donate@albaaqi.ca

Note: Forward this completed form to AL-BAAQI FOUNDATION via Mail (or) in person (or) email, please keep a copy for your records.